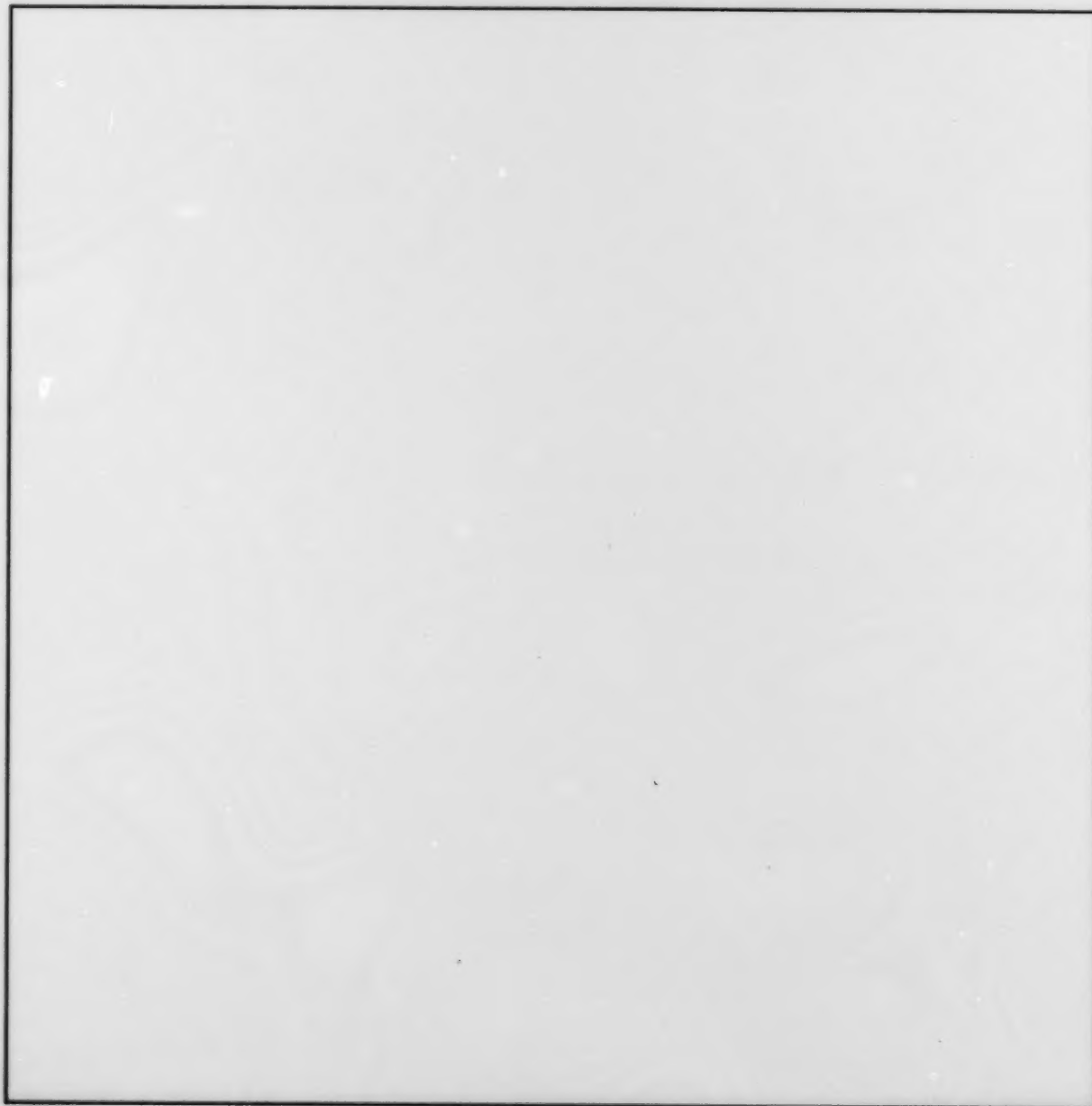




Government of
Saskatchewan

Annual Report For the Year Ending March 31, 1985

Saskatchewan Health



Health Services Expenditures

Table 1. Saskatchewan Health Services Expenditures, 1983-84 and 1984-85, by Saskatchewan Health, Health Commissions, and the Cancer Foundation.

Program	Total Expenditure		Percentage distribution
	1983-84	1984-85	1984-85
Total	\$964,808,191	\$1,027,001,877	100.00
A. Ordinary Expenditures	\$943,781,966	\$ 997,452,601	97.1
Saskatchewan Hospital Services Plan (1)	439,152,931	462,050,006	45.0
Saskatchewan Medical Care Insurance Commission	164,146,000	177,000,000	17.2
Grants to Special-care Facilities	138,131,693	140,813,920	13.7
Grants and Allowances for Home Care	16,971,640	17,038,114	1.7
Saskatchewan Prescription Drug Plan	48,937,290	56,934,958	5.5
Psychiatric Services Branch	29,124,906	29,038,412	2.8
Saskatchewan Dental Plan	18,235,427	17,853,415	1.7
Community Health Services (2)	16,713,864	17,806,609	1.7
Saskatchewan Cancer Foundation	14,128,804	15,116,495	1.5
Grants to Health Agencies (3)	12,990,779	13,157,237	1.3
Alcoholism Commission	7,109,722	7,129,519	0.7
Provincial Laboratories	3,965,640	3,971,884	0.4
Saskatchewan Aids to Independent Living	3,480,242	3,952,568	0.4
Saskatchewan Hearing Aid Plan	1,748,133	1,971,670	0.2
Northern Health Services	3,743,868	4,644,923	0.4
Grants to Ambulance District Boards (4)	2,634,600	5,757,370	0.6
Lakeside Home — Wolseley	1,552,398	1,654,844	0.2
Administrative and Support Services	21,014,029	21,560,657	2.1
	\$943,781,966	\$ 997,452,601	97.1
B. Capital — Health Construction Projects (5)	\$ 21,026,225	\$ 29,549,276	2.9

(1) Includes: Payments under the Hospital Revenue Act.

(2) Includes: Community Health Services and Communicable Disease Control. In 1983-84 the Air Ambulance Program was included.

(3) Includes: Grants to City Health Departments and Other Health Agencies, Grants in Assistance of Clinical Services provided by the Medical Education System, Grant to the Saskatchewan Health Research Fund, and Grants for Psychiatric Health Services.

(4) Includes: Air Ambulance and Grants to Ambulance District Boards. In 1983-84 the Air Ambulance Program was shown under Community Health Services.

(5) Includes: Grants to Hospitals and Health Centres, Grant for the Saskatoon Cancer Clinic Construction Program, Construction Grants to Special-care facilities, Grant to the University Hospital — Capital, Regina Hospitals Regeneration Program, Saskatchewan Rehabilitation Centre and Saskatoon Hospitals Construction Program. The 1983-84 figures have been realigned to reflect a comparative figure.



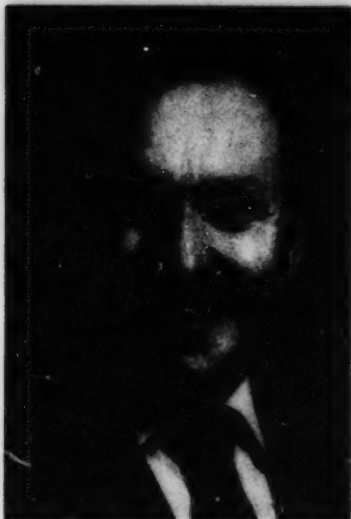
Government of
Saskatchewan

Annual Report For the Year Ending March 31, 1985

Saskatchewan Health

3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Letters of Transmittal



Saskatchewan Health

To the Honourable F. W. Johnson
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

The 1984-85 fiscal year saw a continued improvement and expansion of health care services for the people of Saskatchewan. Major initiatives were undertaken across the full spectrum of health care programs and facilities.

The needs of our senior citizens continued to receive high priority:

- Implementation of the provincial chiropody (foot-care) program continued.

- A new five-year program was launched to provide over 1,500 new and replacement special-care beds.
- The concept of integrated hospital and special-care facilities was initiated for our smaller rural communities.

We have acted to enhance the quality of our existing hospital services, remedy the waiting list problem and upgrade hospital facilities in both urban and rural areas.

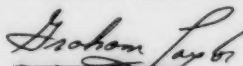
As well, substantial new funds were provided to expand the network of community support services in the field of mental health.

A Board of Governors was appointed for the new Wascana Rehabilitation Centre in Regina and planning continued towards a construction start in the fall of 1985.

These are just a few of the many initiatives taken during the year. Others are reported elsewhere in the Annual Report.

Over the past three years, we have gone a long way towards re-establishing a firm foundation for our province's health care system. This process will continue in the years ahead, as we work closely with others in the health care field to provide services that are second to none in Canada.

Respectfully submitted,


Graham Taylor
Minister of Health



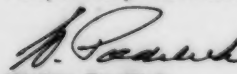
Saskatchewan Health

To the Honourable Graham Taylor
Minister of Health

Sir:

I have the honour to present herewith for your consideration the Annual Report of Saskatchewan Health for the fiscal year ending March 31, 1985.

Respectfully submitted,


Walter Podiluk
Deputy Minister

Contents

	Page
Health Services Expenditures _____	Inside Front Cover
Organization _____	vi, vii
1 Community Health Services Branch _	1
2 Northern Health Services Branch ____	19
3 Regina and Saskatoon Cities' Health Programs _____	25
4 Psychiatric Services _____	33
5 Continuing Care Branch _____	47
6 Saskatchewan Dental Plan _____	55
7 Saskatchewan Prescription Drug Plan _____	57
8 Ambulance Services Unit _____	59
9 Saskatchewan Hospital Services Plan _____	63
10 Saskatchewan Medical Care Insurance Plan _____	67
11 Saskatchewan Alcoholism Commission _____	69
12 Provincial Laboratories _____	77
13 Communications and Health Education _____	83
14 Central Services _____	85
15 Training of Health Personnel _____	87
16 Saskatchewan Vital Statistics _____	89
Appendix: Summary of Legislation _____	Inside Back Cover

List of Tables

Page

Health Services Expenditures

1. Saskatchewan Health Services Expenditures, by Saskatchewan Health, Health Commissions, Cancer Foundation, and Heritage Fund _____ Inside front cover

1. Community Health Services

2. Immunizations by Public Health Nurses, Saskatchewan Health Regions _____ 5
3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions _____ 5
4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions _____ 6
5. Nutrition Services, Saskatchewan Health Regions _____ 7
6. Community Health Services Branch, Speech-Language Pathology Caseload by Age Group Comparison _____ 9
7. Community Health Services Branch, Speech-Language Pathology Caseload Status Comparison _____ 9
8. Saskatchewan Hearing Aid Plan Services _____ 9
9. Saskatchewan Aids to Independent Living Plan Services _____ 10
10. Reported Cases and Deaths from Selected Notifiable Communicable Diseases with Actual Rates per 100,000 Population, Saskatchewan _____ 12
11. Reported Cases of Syphilis and Gonorrhoea, Saskatchewan _____ 12
12. Total Program Expenditures, Medical Services Division _____ 14
13. Therapeutic Abortions, Saskatchewan _____ 15
14. Compliance to Milk Quality Standards, Saskatchewan _____ 16
15. Approved Person Year Distribution, Community Health Services Branch _____ 17
16. Revenue, Community Health Services Branch _____ 17
17. Expenditure, Community Health Services Branch _____ 18

2. Northern Health Services Branch:

18. Immunizations, Northern Health Services Branch _____ 21
19. Inspections, Northern Health Services Branch _____ 22
20. Number of Permits Issued to Operate, Northern Health Services Branch _____ 22

3. Regina and Saskatoon Cities' Health Programs:

21. Public Health Inspection Services, Regina City Health Department _____ 28

4. Psychiatric Services

22. Number of Community Clients Served by Psychiatric Services Branch _____ 38
23. Volume of Service Contacts to Community Clients and Families by Region, Psychiatric Services Branch _____ 39
24. Movement of Inpatients in Psychiatric Facilities, Psychiatric Services Branch _____ 39
25. Children Receiving Psychiatric Community Services by Region, Psychiatric Services Branch _____ 39
26. Persons 65 Years of Age and Older Receiving Community Services by Region, Psychiatric Services Branch _____ 40
27. Collections from Estates, Psychiatric Services Branch _____ 43
28. Summary of Established Positions, Psychiatric Services Branch _____ 45

5. Continuing Care Branch

29. Special-care Homes Resident Charge and Minimum Resident Disposable Income in Special-care Homes, Saskatchewan _____ 50
30. Construction Grants for Special-care Homes _____ 52

8. Ambulance Services Unit

31. Provincial Grants to Ambulance District Boards _____ 59
32. Road Ambulance Services, Saskatchewan _____ 59
33. Location of Flights, Saskatchewan Air Ambulance Services _____ 59
34. Number of Patients Carried and Number of Flights, Saskatchewan Air Ambulance Services _____ 60
35. Distances Flown, Saskatchewan Air Ambulance Services (Including Chartered Aircraft) _____ 60
36. Provincial Expenditures and Revenues, Saskatchewan Air Ambulance Services _____ 60
37. Emergency Health Supplies, Saskatchewan _____ 61

	Page
11. Saskatchewan Alcoholism Commission	
38. Prevention and Training Division Statistics _____	71
39. Community Services Statistics _____	73
40. Rehabilitation Caseload, Saskatchewan Alcoholism Commission and Funded Agencies _____	73
12. Provincial Laboratories	
41. Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan _____	77
42. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan _____	79
43. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan _____	80
44. Radioimmunoassays, Enzymes-Metabolites, Provincial Laboratories, Saskatchewan _____	81
45. Enzymes, Metabolites and Drugs, Provincial Laboratories _____	82
14. Training of Health Personnel	
46. Bursary Students, Saskatchewan _____	87
15. Saskatchewan Vital Statistics	
47. Vital Statistics, Saskatchewan _____	89

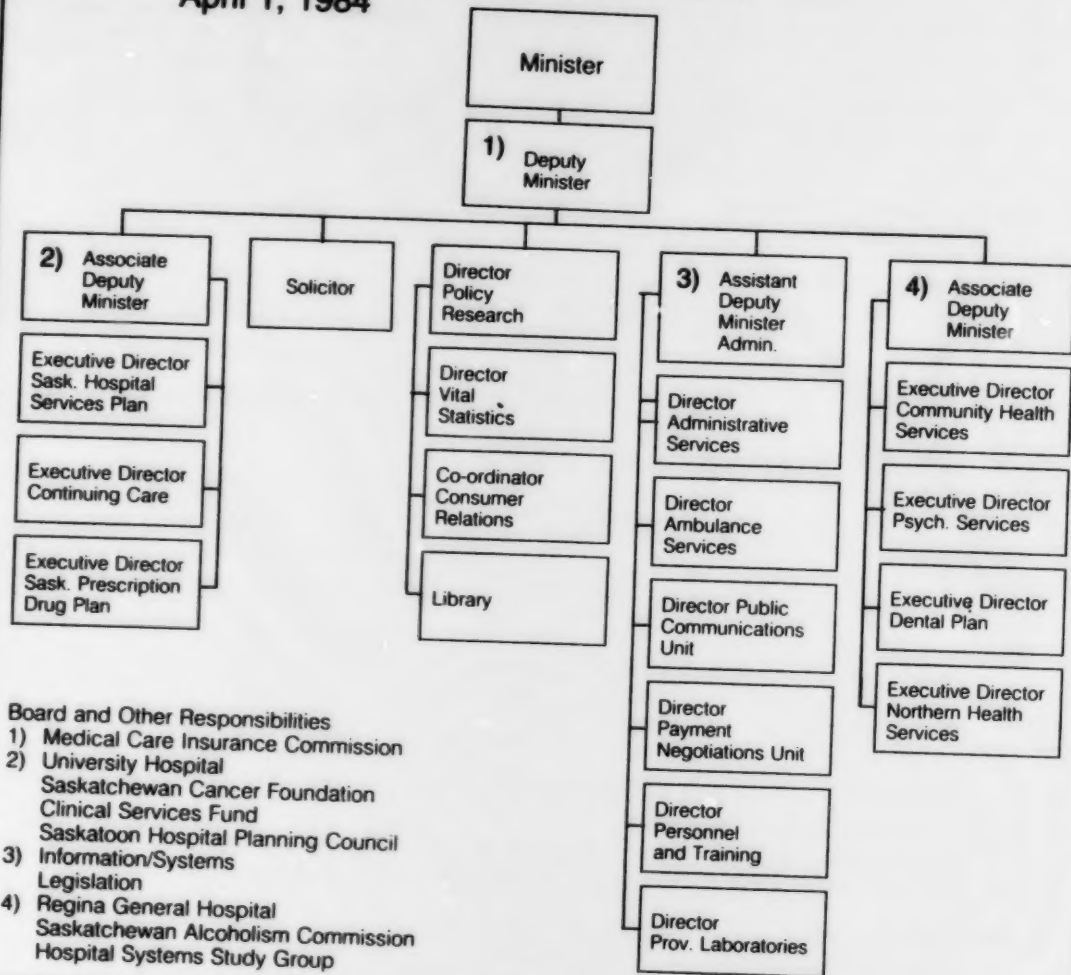
List of Figures

Organization:

1. & 2. Organization of Saskatchewan Health _____	vi, vii
1. Community Health Services	
3. Organization of Community Health Services Branch _____	3
4. Organization of a Health Region _____	3
5. Health Regions _____	4
6. Crude Incidence Rate for Total Venereal Disease (Per 100,000 Population), Saskatchewan _____	13
2. Northern Health Services Branch	
7. Organization of Northern Health Services Branch _____	19
8. Northern Health Services Branch Health Regions _____	20
4. Psychiatric Services	
9. Organization of the Psychiatric Services Branch _____	36
10. Changes in Psychiatric Service Patterns in Saskatchewan _____	38
11. Mental Health Services _____	46
5. Continuing Care Branch	
12. Organization of Continuing Care Branch _____	51
13. Saskatchewan Home Care Program District Boundary Map _____	53
9. Saskatchewan Hospital Services Plan	
14. Organization of Saskatchewan Hospital Services Plan _____	65
10. Saskatchewan Medical Care Insurance Plan	
15. Organization of the Saskatchewan Medical Care Insurance Commission _____	68
11. Saskatchewan Alcoholism Commission	
16. Organization of Saskatchewan Alcoholism Commission _____	70
17. Regional Alcoholism Facilities in Southern Saskatchewan _____	75
18. Regional Alcoholism Facilities in Northern Saskatchewan _____	76
13. Communications & Health Education	
19. Organization Chart: Communications and Health Education Branch _____	84

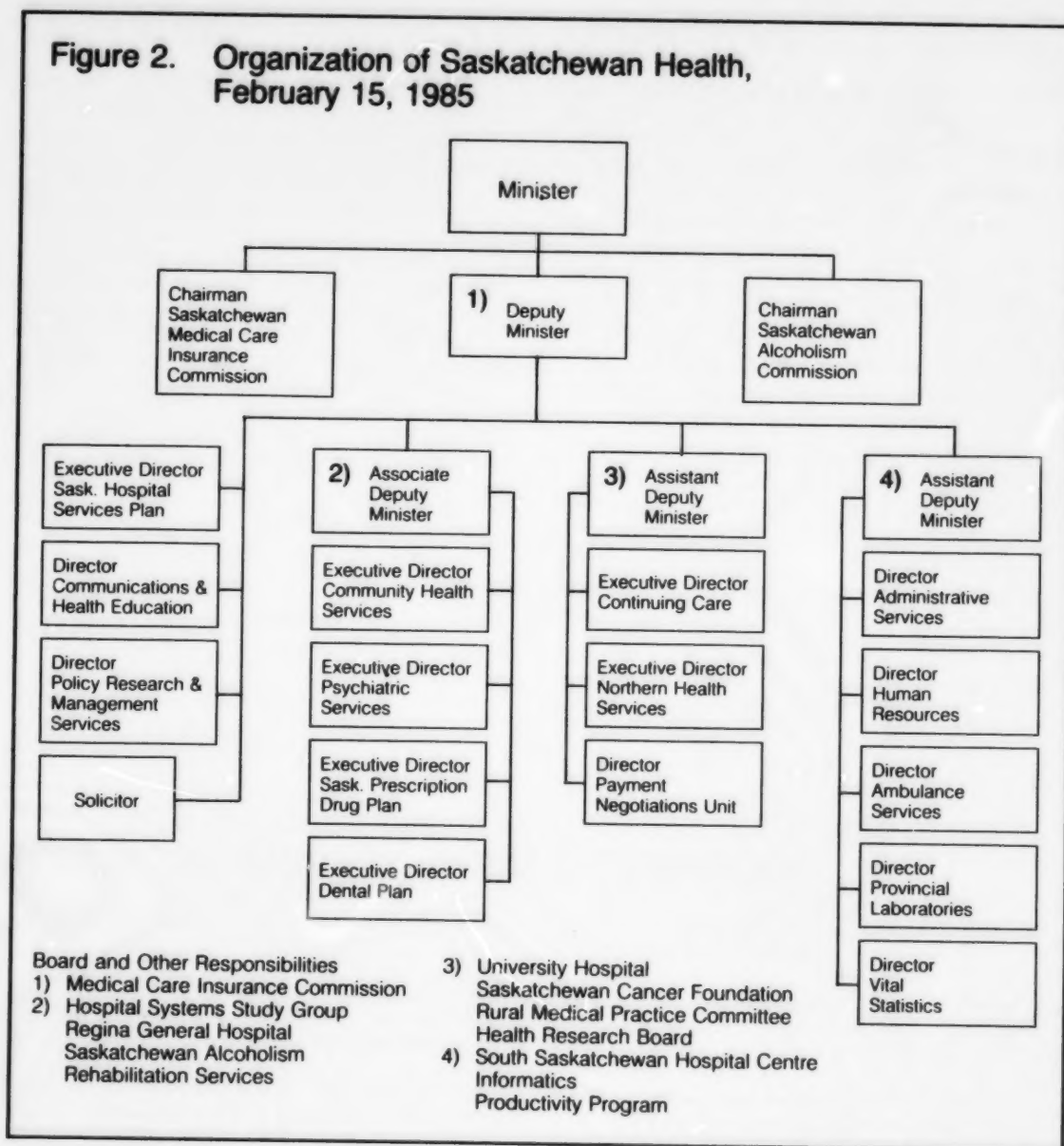
Organization

**Figure 1. Organization of Saskatchewan Health,
April 1, 1984**



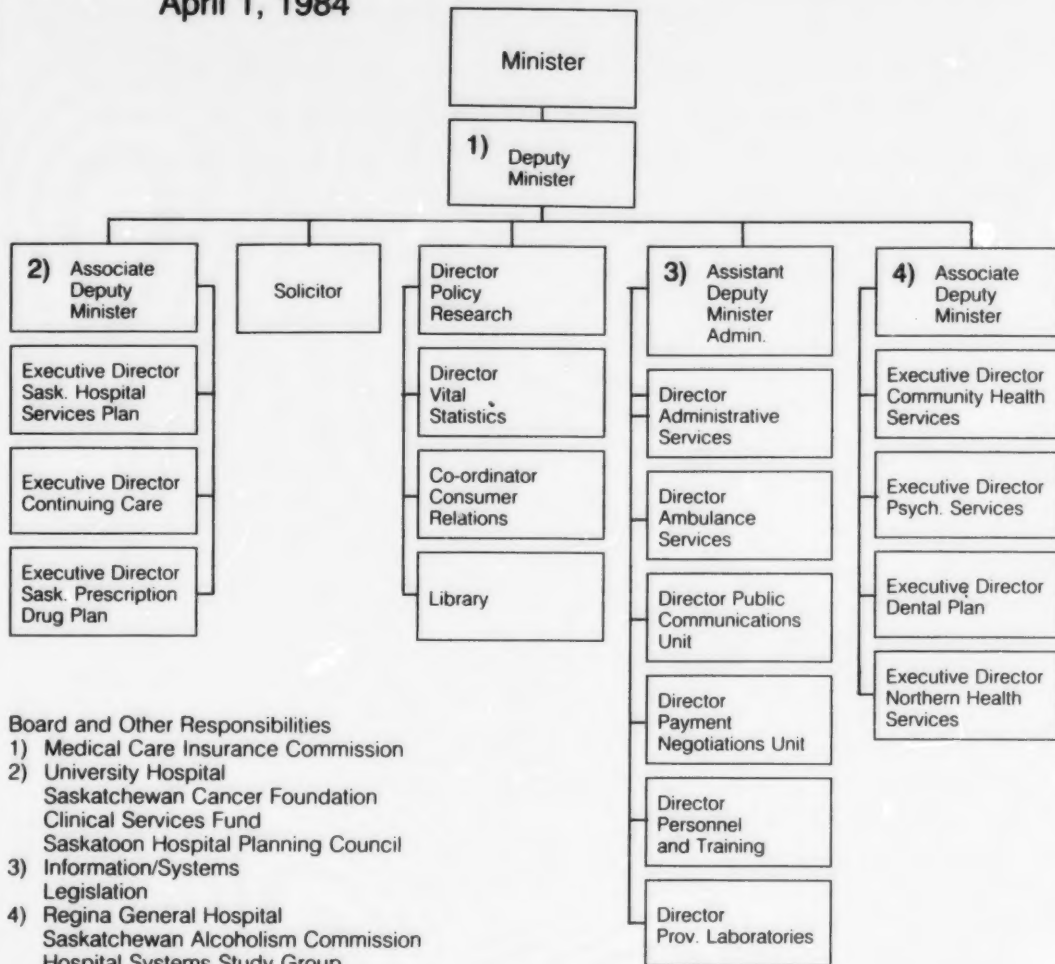
Organization

Figure 2. Organization of Saskatchewan Health, February 15, 1985



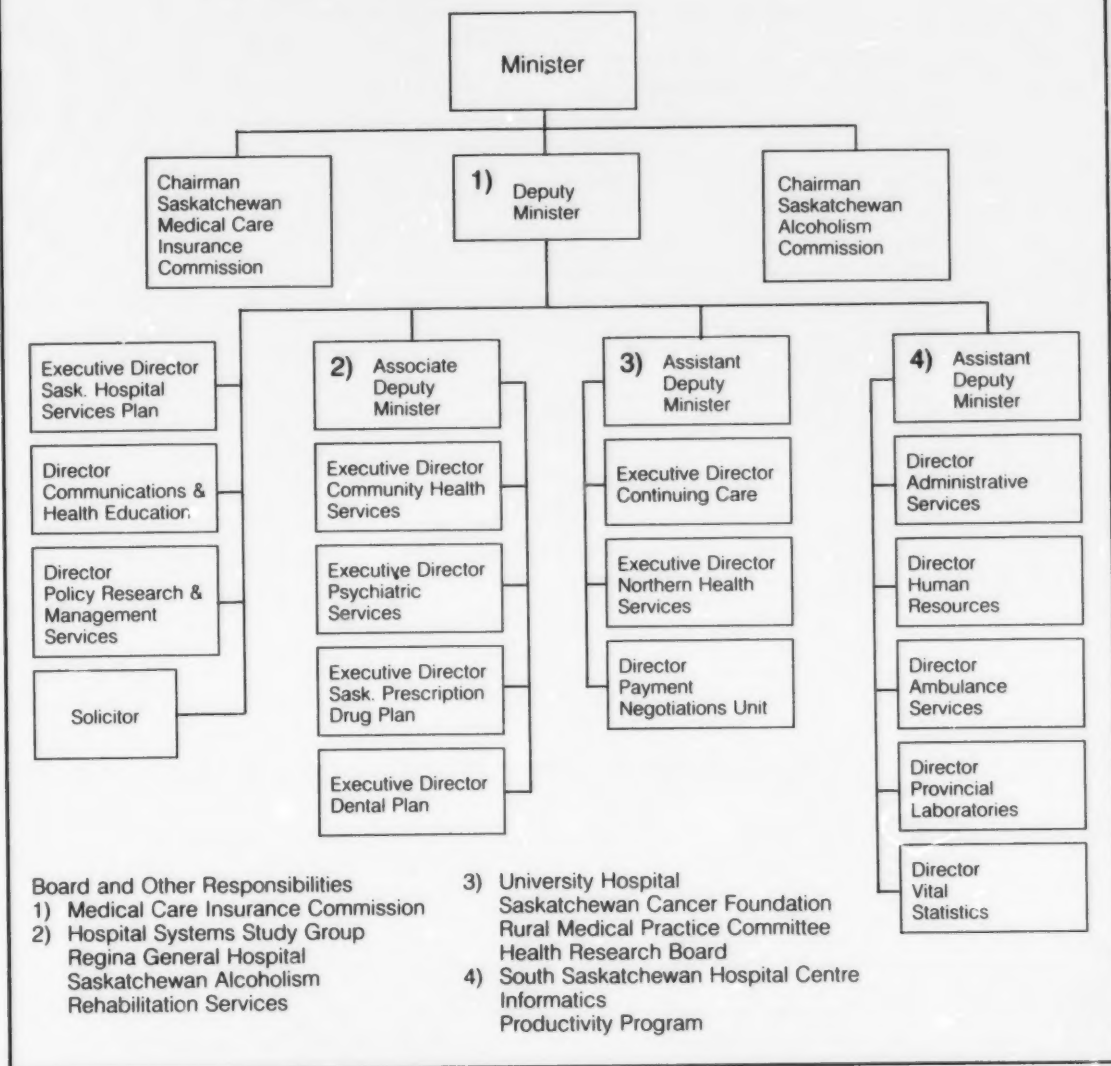
Organization

**Figure 1. Organization of Saskatchewan Health,
April 1, 1984**



Organization

Figure 2. Organization of Saskatchewan Health, February 15, 1985



1. Community Health Services

Overview

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the Branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions, depots and clinics throughout the province. Services available to the health region population include communicable disease control, health education, maternal and child health, nutrition, sanitation, chiropody, rehabilitation and follow-up. The branch provides financial assistance in the form of grants to various health care organizations whose services complement those of the branch, including the health departments in Regina and Saskatoon.

Objectives

The prime objective of the branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge the branch works towards a number of primary goals which, broadly stated, are as follows:

1. To increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being.
2. To maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods.
3. To prevent, reduce or modify the course of various communicable and non-communicable diseases.
4. To identify individuals who have, or are at risk of developing, specific health or developmental problems in order to initiate early intervention and remediation.
5. To assist in the maintenance of, and restoration to, a maximum level of independence for physically handicapped and chronically disabled individuals.

Historical Development of Services

- | | |
|--|--|
| 1905 — Sanitary officers were employed by the Department of Agriculture. | 1944 — The Nutrition and Child Health Divisions were established. |
| 1917 — The first permanent public health nurse was employed by the Bureau of Public Health, Department of Agriculture. | 1945 — The first health regions were created in the Swift Current and Weyburn-Estevan areas. |
| 1923 — The Department of Public Health was established and sanitary officers and public health nurses were transferred from the Department of Agriculture.
— A Communicable Disease Control Division was established. | 1948 — A Regional Health Services Branch, including nursing and education, was established to co-ordinate administration of health region services. |
| 1928 — The School Hygiene Program was transferred from the Department of Education.
— The Public Health Nursing Division was established. | 1950 — Three additional outpost hospitals were in operation at Buffalo Narrows, Stony Rapids and Sandy Bay. |
| 1941 — The first outpost hospital was established at Cumberland House. | 1954 — The Regional Health Services Branch was expanded to include the divisions of Nutrition, Child Health, Dental Health, Communicable Disease Control, Venereal Disease Control and Northern Health Services. |

- 1961 — By this date the entire province was organized into health regions.
- 1963 — Responsibility for road ambulance inspection services became part of Regional Health Services Branch.
- 1973 — The Saskatchewan Hearing Aid Plan (SHAP) was established.
- 1974 — The Dental Health Division became a separate branch known as the Saskatchewan Dental Plan.
- 1975 — The Saskatchewan Aids to Independent Living Plan (SAIL) was established.
- 1978 — The Regional Health Services Branch became known as the Community Health Services Branch.
- 1979 — A Health Protection Division was established.
 - The Health Promotion Branch became a Division of Community Health Services Branch.
 - SAIL sub-depots were established at La Ronge and Uranium City.
- 1982 — Medical Services Branch became a division of Community Health Services Branch.
- 1984 — The Chiropody Program was established.
- 1985 — Health Promotion Division of Community Health Services Branch was incorporated into a new Communications and Health Education Branch.

Highlights, 1984-85

- The roles of regional boards and district health councils were reviewed by a committee consisting of board members and health officials. The department is considering the recommendations of that committee.
- Expansion of the SAIL program to include aids and services to the legally blind.
- An interdepartmental co-ordinated service delivery model for disabled pre-school children involving Saskatchewan Health, Education and Social Services was developed. Regional early childhood co-ordinating committees comprised of government and agency representatives have been established in each of the health

regions and in Regina and Saskatoon. These committees will co-ordinate program planning to meet the individual needs of disabled children referred to them.

Organization

For purposes of administration and delivery of community-based health programs, the province is divided geographically into 10 health regions which cover all areas excluding Regina, Saskatoon and the area administered by the Northern Health Services Branch.

Each health region is divided into health districts which are organized into District Health Councils consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils are elected to the Regional Board of Health. The board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and Minister of Health.

Community health programs are developed according to department policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer and/or health region administrator, who generally supervise the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists, chiropodists and nutritionists.

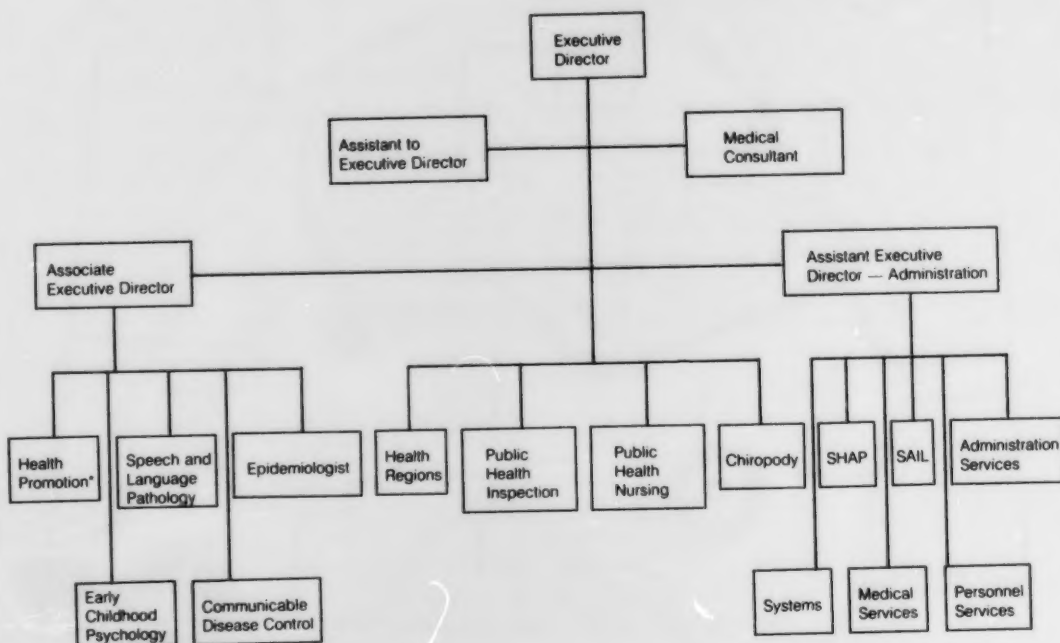
Services are available at the local level through a number of district offices staffed by public health nurses and public health inspectors established throughout each region.

Audiologists and audiological technicians provide Saskatchewan Hearing Aid Plan (SHAP) services to all Saskatchewan residents through two main clinics in Regina and Saskatoon, supplemented by regularly scheduled community-based clinics in each health region and in northern Saskatchewan.

Two primary depots in Regina and Saskatoon provide services of the Saskatchewan Aids to Independent Living (SAIL) Plan with sub-depots established in the health regions of La Ronge and Uranium City.

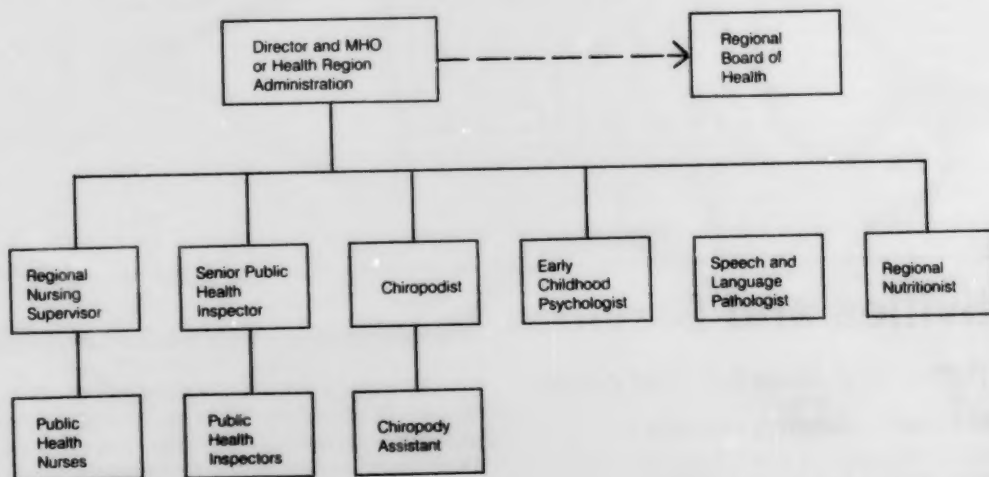
The central co-ordinating office is in Regina. This office is responsible for the overall operation, administration and co-ordination of community-based services and activities. It also provides central consultative and support services to the regions.

Figure 3. Organization of Community Health Services Branch



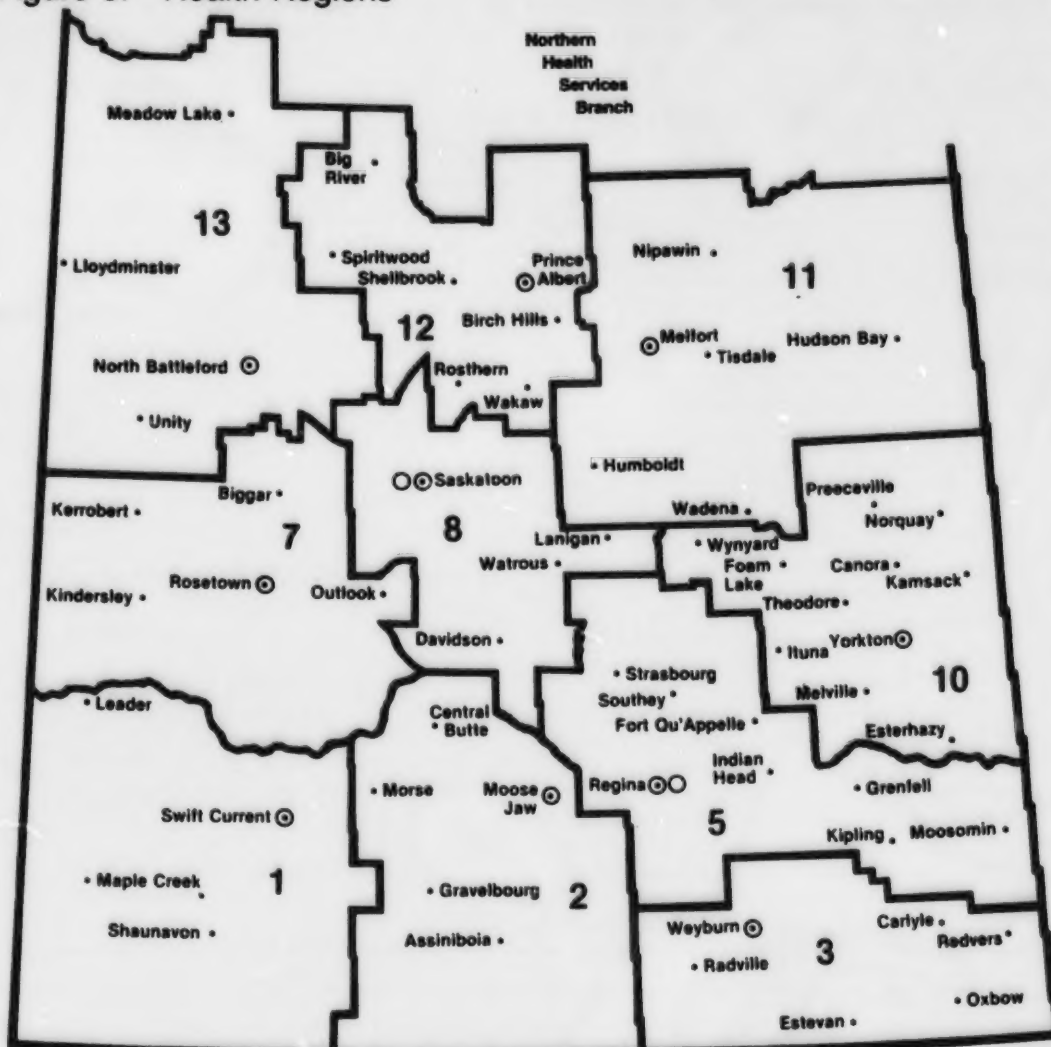
* Until Feb. 1, 1985
March 31, 1985

Figure 4. Organization of a Health Region



March 31, 1985

Figure 5. Health Regions



Key for Health Regions:

- No. 1 Swift Current (49,382)
- No. 2 Moose Jaw-Assiniboia-Gravelbourg (70,148)
- No. 3 Weyburn-Estevan (51,940)
- No. 5 Regina Rural (75,569)
- No. 7 Rosetown-Biggar-Kindersley (42,093)

Note: Population served is given in parentheses — SHSP Covered Population at June 30, 1984 including Registered Indians and excluding Northern Saskatchewan.

- ⊙ Regional Office
- District Office
- City Health Office

1 June, 1984

- No. 8 Saskatoon Rural (48,902)
- No. 10 Yorkton-Melville (82,881)
- No. 11 Melfort-Tisdale (74,759)
- No. 12 Prince Albert (80,119)
- No. 13 North Battleford (81,833)
- Regina City (172,340)
- Saskatoon City (170,748)

Activities and Services

Community Based Services

Public Health Nursing Services

Objective — To provide a family-centred community-based program designed to promote healthful living at every stage of life.

Direct service is delivered by 144 Public Health Nurse I's and 10 Public Health Nurse II's, working from 57 offices in 10 health regions. One Regional Nursing Supervisor in each region manages the programs provided by her staff. The Director and three Public Health Nurse Consultants, located in central office (Regina), work closely with Regional Nursing Supervisors in taking prime responsibility

for provincial program planning and evaluations, as well as other administrative and consultative duties.

Prenatal and child health services are priorities, with emphasis placed on immunization, screening, teaching and counselling in home and classroom settings. Other services include

postnatal home visits, Child Health Conferences and School Health Services. These services are provided through health appraisals, screening programs, teaching, counselling, referral and liaison services.

The scoliosis screening program was discontinued following an evaluation over a two-year period.

Table 2. Immunizations by Public Health Nurses, Saskatchewan Health Regions, 1983-84 and 1984-85

Vaccine	Total		Infants		Preschool		School children		Adults	
	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85
Total	134,397	136,350	55,892	55,790	49,963	51,738	26,521	26,302	2,021	2,520
D.P.T.*	45,257	47,232	27,764	28,147	17,493	19,085	—	—	—	—
D.T†	13,432	12,801	213	220	2,313	1,331	10,614	10,872	292	378
Oral Polio	59,411	59,975	27,915	27,423	19,999	21,216	11,294	11,171	203	165
M.M.R.**	11,407	11,588	—	—	10,026	10,016	1,381	1,571	—	1
Mumps	343	271	—	—	110	81	231	181	2	9
Measles (Rubeola)	88	46	—	—	22	9	66	37	—	—
Rubella	2,955	2,487	—	—	—	—	2,935	2,740	20	17
Others	1,504	1,950	—	—	—	—	—	—	1,504	1,950

* Diphtheria, Pertussis, Tetanus.

† Diphtheria, Tetanus.

** Measles, Mumps, Rubella.

Table 3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions, 1983-84 and 1984-85

	Total		Infants		Preschool		School children		Adults (under 65)		Adults (65 and over)		Other	
	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85
Child Health Conference														
Attendance	77,335	83,206	34,095	42,124	43,240	41,082	—	—	—	—	—	—	—	—
Immunizations	134,397	136,341	55,892	55,790	49,963	51,738	26,521	26,302	2,021	2,520	—	—	—	—
D.D.S.T.*	51,546	46,937	22,098	20,237	29,448	26,700	—	—	—	—	—	—	—	—
School Programs														
Teacher Nurse Conference	13,330	11,559	—	—	—	—	13,330	11,559	—	—	—	—	—	—
Students seen	55,900	35,225	—	—	—	—	55,900	35,225	—	—	—	—	—	—
Education programs														
— students attending	25,865	13,616	—	—	—	—	25,865	13,616	—	—	—	—	—	—
Discussion with parents of students	10,846	10,218	—	—	—	—	10,846	10,218	—	—	—	—	—	—
Home Visits														
— Prenatal	5,841	1,881	—	—	—	—	—	—	5,841	1,881	—	—	—	—
— Postnatal	13,304	6,091	—	—	—	—	—	—	13,304	6,091	—	—	—	—
— Special	8,055	7,270	—	—	—	—	—	—	—	—	—	—	8,055	7,270
— Communicable disease	1,900	617	—	—	—	—	—	—	—	—	—	—	1,900	617
— Other	42,933	717	—	—	—	—	—	—	—	—	—	—	42,933	717
Referrals	9,830	11,150	—	—	—	—	—	—	—	—	—	—	9,830	11,150
Group education meetings	752	568	—	—	—	—	—	—	—	—	—	—	752	568
Prenatal classes														
— Women enrolled	3,511	2,734	—	—	—	—	—	—	3,511	2,734	—	—	—	—
Attendance	12,970	9,763	—	—	—	—	—	—	12,970	9,763	—	—	—	—
— Men enrolled	2,645	2,264	—	—	—	—	—	—	2,645	2,264	—	—	—	—
Attendance	10,041	7,352	—	—	—	—	—	—	10,041	7,352	—	—	—	—

* Denver Developmental Screening Test.

† SAIL, home care, mentally ill and physically handicapped.

Public Health Inspection Services

Objective — To safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act. Inspections are carried out on apartment blocks; bakeshops; barber and beauty

culture establishments; fumigation and hydrocyanic acid; hotels and motels; milk and certain milk products; mobile homes; plumbing and drainage; public eating establishments; sanitation; sawmill, lumber and mining camps; shoreland pollution; swimming pools; and tourist accommodation.

Inspections are carried out for a wide variety of conditions in institutions, retail stores, recreation areas, etc. Inspection and consultative services are also provided to other agencies. These agencies include schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked regularly for Occupational Health and Safety Division, Saskatchewan Labour.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. In 1984-85 there were 2,532 public eating establishments located within the 10 health regions for which 7,531 inspections and field visits were completed.

Public health inspectors monitor all public non-municipal water and sewage treatment facilities to

reduce the risk of water or sewage-borne disease. All private sewage systems, especially those located in environmentally sensitive locations such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to other government agencies in monitoring various emissions and in performing field inspections.

To ensure that public facilities are free from physical, chemical or biological hazards, this branch regularly and continuously monitors public accommodations, residential facilities and personal service establishments. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Table 4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1983-84 and 1984-85

Type of activity	Number of facilities		Number of field visits		Number of formal inspections	
	1983-84	1984-85	1983-84	1984-85	1983-84	1984-85
Eating establishments	2,406	2,532	4,968	4,790	2,660	2,741
Food distribution	1,272	1,295	650	1,478	712	871
Food processing	230	251	350	354	169	187
Liquor outlets	583	611	1,025	1,038	458	595
Communal water system	510	1,735	598**	368	212**	—
Private water supply	—	—	373	348	—	—
Public water supply	360	385	589	474**	163	149**
Communal sewerage systems	490	306	146	378	231	—
Private sewerage systems	—	—	1,434	1,119	—	—
Public sewerage systems	28	28	170	94**	0	10**
Solid waste disposal	783	1,648	730**	604	340**	—
Liquid waste transport	75	128	57	26	15	—
Hospitals	127	127	67	90	77	60
Schools	751	753	128	124	267	195
Institutions	389	433	176	192	237	261
Housing	—	—	1,268	1,223	—	—
Mobile home parks	97	105	179	111	72	76
Trailer courts	59	55	69	85	53	54
Hotels	462	466	570	507	458	483
Motels	221	217	115	146	192	208
Industrial facilities	18	17	56	82	12	8
Swimming pools	221	240	955	905	207	254
Agricultural facilities	—	—	—	194	—	—
Personal service facilities	569	600	310	164	247	234
Recreational facilities	827	894	1,083	1,325	475	587
Public facilities	239	244	256	339	84	54
Plumbing	—	—	7,426	5,404	—	—
Investigations	—	—	906	1,020	—	—
Total	10,717	9,253	27,193	23,137	7,939	7,825

** Responsibility for these facilities was transferred to Saskatchewan Environment during 1983-84.

This year public health inspectors conducted two major training courses:

1. The Saskatchewan National Sanitation Training Program for food service operators was taught throughout the province. Since this program began in 1974, approximately 6,100 food service workers have completed this course successfully.
2. A course for swimming pool operators, covering various aspects of water treatment and pool management. Since 1975, more than 1,400 certificates have been issued with 190 successful candidates in 1984-85.

In addition, brochures, pamphlets and news articles on food, water pollution, shoreland

pollution control and offensive trade practices are routinely produced and distributed.

Nutrition Services

Public health nutritionists provide educational and consultant services to health professionals, community leaders and groups, and members of the public. The purpose is to encourage individuals to make food choices which will help them to achieve and maintain good health. This ranges from nutrition for optimum growth in pregnancy and childhood to reduction of risk of heart disease, diabetes and cancer in the adult years.

Table 5. Nutrition Services, Saskatchewan Health Regions, 1983-84 and 1984-85

Activity	1983-84		1984-85**	
	Services	Attendance	Services	Attendance
I. Nutrition education:				
A. Group discussions, lectures, workshops:				
Special groups				
(weight control, diabetes, prenatal,	122	2,254	79	1,325
other)				
Student groups	85	2,689	32	1,119
Parents and community groups	64	1,521	45	1,234
Interagency and interdisciplinary groups	23	494	47	1,220
B. Inservice training	64	487	44	357
C. Mass media, special materials productions:				
Radio and television	71	*	95	*
Newspaper	60	*	60	*
Other	68	*	49	*
II. Individual counselling:				
A. First contacts	382		432	
B.	76		65	
C. Consultations re: clients	145		161	
III. Consultative services provided to Community Health Services staff, other health professionals, educational institutions and general public:				
Information, materials and advice	4,405		4,188	
Other services	18		34	

* Statistics are not available for media audiences.

** Vacancy rate was 25 per cent.

During 1984-85, the public health nutritionists were involved in:

- Prenatal and infant nutrition education. The health of mother and child is affected by prenatal nutrition, breastfeeding, and infant feeding practices.

- Nutrition programs for children. There is a nutrition section in the new Preschool Core Services program. Workshops and resources have been offered to teachers with particular emphasis on the new Division III Health curriculum.

- Nutrition programs for adults. Workshops for leaders of weight control groups continued to be very popular. A number of Home Care Divisions were provided with inservice for their staff.

- Media programs. The public health nutritionists write weekly columns for distribution to newspapers throughout the province. They also provide information through radio and television.

- Publications. Some of the demand for nutrition information is met through pamphlets and other resource material. Information sheets about iron, calcium, and folacin were developed. The calcium information is of particular interest to those at risk for osteoporosis.

- Community programs. Nutritionists also participate as guest speakers, panelists, and seminar organizers in community programs.

Early Childhood Psychology Services

Objective — The prevention or amelioration of developmental and learning disabilities in the preschool population. These disabilities include cognitive, self-help, social-emotional, fine-motor, gross-motor, language, information processing and attention span problems.

The program emphasizes the provision of services to infants and preschoolers and their parents with primary focus on intervention at the earliest possible age.

Casework is the core of the Early Childhood Psychology Program. Developmental assessment, short-term guidance, counselling and therapy is provided in co-ordination with the health region early childhood team. Together with specialized clinics (e.g. University Hospital in Saskatoon), support is given to parents with high-risk and developmentally delayed children.

Consultation is provided to parents, other professionals, agencies and community groups. Primary prevention efforts include media work and small discussion groups to provide information about early childhood development. The early childhood psychologist promotes the establishment of community resources for

exceptional preschoolers and their parents. Parents have been actively involved in setting up and participating in the province's early childhood intervention programs.

Speech and Language Pathology Services

Objective — To identify and intervene with communication disorders as early as possible, through public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health region's central and district health offices. Although preschool children are the priority, limited service is also provided to school-aged children and adults. At year end, preschool children comprised 86 per cent of the caseload; school-aged children, five per cent; and adults, nine per cent.

Chiropody Program

The Saskatchewan Chiropody Program began in February 1984 with the opening of the Prince Albert Chiropody Clinic. Since that time chiropody clinics have become operational in eight other regions as well as 23 satellite clinic locations province-wide. Services in the remaining region, Rosetown, are scheduled to commence in early 1985-86.

Chiropody is the profession dealing specifically with problems of the human foot by medical, mechanical and minor surgical means.

The service is primarily directed towards the elderly. However, all age populations will have access to the service upon referral from their family physician, public health nurse or home care nursing co-ordinator.

Any Saskatchewan resident with a valid health services card is eligible to receive professional services at no charge. Where special footwear or orthotics are required, these are charged to the patient at the actual purchase cost.

Table 6. Community Health Services Branch, Speech-Language Pathology Caseload by Age Group Comparison, March 1983, 1984 and 1985

	March 1983		March 1984		March 1985	
	#	%	#	%	#	%
Preschool	933	65	974	86	979	84
School age	399	28	59	5	78	7
Adult	98	7	101	9	112	9
Total	1,430	100	1,134	100	1,169	100

Table 7. Community Health Services Branch, Speech-Language Pathology Caseload Status Comparison, March 1983, 1984 and 1985

	March 1983		March 1984		March 1985	
	#	%	#	%	#	%
Waiting assessment	354	25	242	21	303	26
Waiting treatment	118	8	69	6	51	4
In treatment	532	37	554	49	459	40
Waiting review	426	30	269	24	356	30
Total	1,430	100	1,134	100	1,169	100

Community Health Services Branch
Chiropractic Program Caseload

To Mar. 31, 1985

New Patients	5,544
Return Patients	10,181
Total	15,725

Saskatchewan Hearing Aid Plan

Objective — To provide comprehensive audiological and technical support services throughout the province, through hearing tests, provision of hearing aids where appropriate and technical support services when required.

There is no direct charge for hearing tests to Saskatchewan residents. Hearing aids, batteries and related accessories are sold at SHAP's direct purchase cost. The average cost of a hearing aid through SHAP was \$160.00 in 1984-85.

Two main clinics in Regina and Saskatoon and regularly scheduled regional clinics provide services to Saskatchewan residents. Audiologists perform hearing tests on patients of all ages starting as young as three to four months. Audiometric technicians fit hearing aids and provide follow-up services.

Table 8. Saskatchewan Hearing Aid Plan Services, 1983-84 and 1984-85

Service	1983-84	1984-85
Total	26,561	28,974
Audiological evaluations	8,011	8,380
Hearing aid evaluations	3,265	3,930
Hearing aid checks	1,496	1,602
Hearing aid repairs	13,789	15,062

SHAP continues to provide FM hearing aids (auditory trainers) to hearing impaired pre-school children.

SHAP audiologists maintain an ongoing working relationship with Saskatchewan Education, local school boards, hearing consultants, the School for the Deaf, preschool habilitation programs, speech-language pathologists, public health nurses and a variety of medical sources.

Repair service is available for hearing aids purchased from SHAP or from other sources. Minor repairs are provided free of charge, while major repairs are done at a reasonable cost. Loaner aids are available at no charge to the patient.

Saskatchewan Aids to Independent Living Plan

Objective — To provide aids and services to the handicapped and disabled residents of Saskatchewan.

Saskatchewan residents who possess a valid Saskatchewan Health Services Card and who are referred to the plan by a regional health professional are eligible for registration with the SAIL program.

Program administration, repair services and long-term equipment loans are handled through the primary SAIL depots in Regina and Saskatoon. In addition, a network of equipment sub-depots deliver short-term equipment loan services to rural and northern residents.

In 1984-85 SAIL continued to deliver the following services to Saskatchewan residents:

Universal equipment services:

- wheelchairs, ambulatory aids, environmental aids and respiratory equipment on a free loan basis for as long as required;

- cost coverage for the manufacture and repair of prosthetic and orthotic appliances which were manufactured at the approved provincial workshops; and,

- preventive maintenance and repair services for both SAIL and privately-owned equipment at no charge to the individual.

Special Benefits services:

In addition to these universal equipment services, the SAIL Plan administers the Special Benefits programs for individuals who are handicapped or disabled because of specific diseases. SAIL services include:

- cost coverage of disease-related non-formulary drugs (including the prescription dispensing fee);

- cost coverage of disease-related medications and supplies; and,

- specialized equipment not included under the universal program.

The scope of the SAIL program was expanded in 1984-85 to address the needs of the legally blind through establishment of the Aids to the Blind Program.

Under this program, residents who meet SAIL eligibility criteria, and who are diagnosed as being legally blind, are eligible to receive the following aids and services from the SAIL program:

- no-charge loan and repair of brailers, talking book machines, and cassette player recorders;

- financial assistance towards purchase of braille timepieces and talking calculators; and,

- financial assistance towards purchase of prescribed low vision aids including custom spectacles.

To assist the SAIL Plan in the implementation and development of this new program, a Visual Equipment Committee having representation from the following non-government agencies was established by the Minister:

- Saskatchewan Medical Association (Section of Ophthalmology);

- Saskatchewan Optometric Association;

- Saskatchewan Division of the Canadian National Institute for the Blind; and,

- Saskatchewan Division of the Canadian Council of the Blind.

Program services are delivered by SAIL in co-operation with and with the assistance of the CNIB and the low vision clinics.

Two standing committees, the SAIL Advisory Committee and the SAIL Equipment Sub-Committee, provide advice and direction on program policies and service delivery, and assessment of new technology and equipment.

Table 9. Saskatchewan Aids to Independent Living Plan Services, 1983-84 and 1984-85

Equipment group	Equipment issues	
	1983-84	1984-85
Total	25,197	28,223
Wheelchairs	2,402	2,650
Other mobility aids	4,945	5,339
Environmental aids	15,255	16,718
Respiratory equipment	2,492	2,979
Other equipment	103	537

Central Support Services

Objective — To support direct community based programs.

Health Promotion Division

The Health Promotion Division maintains a liaison with all branches of Saskatchewan Health, other government departments and agencies, health and safety-related organizations and the education system as well as with community and professional organizations and the general public. The division provides central co-ordination services in the areas of nutrition, health education and lifestyle education.

The objective of Health Education is to encourage the adoption and maintenance of healthy lifestyle behaviors.

Members of the staff research health issues for the development of articles, discussions, displays and seminars; represent Saskatchewan Health on voluntary committees; and provide consultative services to health region staff, school personnel, community groups, professional groups and the general public regarding health issues. Displays are planned and provided in high traffic areas to promote healthy lifestyles.

Effective Feb. 1, 1985 Health Promotion Division became part of Communications and Health Education Branch.

Communicable Disease Control Division

The Communicable Disease Control Division serves as a control, consultative and support service; a supply and distribution centre for vaccine, sera and biologicals; and a centre for the collection and analysis of communicable disease statistics.

Hepatitis A:

The 777 cases reported in 1984 were the largest number reported since 1970 when 1,086 cases were reported. A gradual decline was seen until 1982, followed by the increase in the last two years.

Hepatitis B:

Hepatitis B vaccine continued to be supplied to high-risk patients and health care workers; 1,466

series of vaccine were distributed during fiscal year 1984-85.

Immunization consists of a series of three doses of vaccine over a seven-month period. It is too early to demonstrate the effectiveness of the vaccine in preventing disease in Saskatchewan.

Rabies:

In 1984, 62 persons received human diploid cell rabies vaccine following exposure to potentially rabid animals. This is an increase from 58 persons vaccinated in 1983. Rabies in humans can be prevented with rabies vaccine. The proof — the last human case in Saskatchewan was in 1970.

Measles:

The special effort undertaken by Saskatchewan Health over the last three years to achieve and maintain high levels of immunization continues to pay off. Only 10 cases of the disease were notified in Saskatchewan in 1984.

Salmonellosis:

The number of reports of salmonella infection declined to 495 in 1984 compared with 832 in 1983. Most cases reported were of a sporadic nature with fewer outbreaks being reported.

Western Equine Encephalitis (WEE):

No human cases were reported in 1984. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1984. The surveillance program and promoting of mosquito control programs continue.

Sexually Transmitted Diseases:

During the last 10 years the number of cases and the rate per 100,000 for reportable venereal diseases in Saskatchewan have slowly declined. The bulk of cases reported are gonorrhea. This decline continued in 1984.

Acquired Immune Deficiency Syndrome (AIDS):

The first case of AIDS was diagnosed in Saskatchewan in April, 1984. It is believed that the individual contracted the disease outside Saskatchewan.

Additions to the Notifiable Disease List:

During 1984, the following diseases were added to the list of notifiable diseases: AIDS, Herpes genitalis, Chlamydia infections, and Campylobacter infections.

Table 10. Reported Cases And Deaths From Selected Notifiable Communicable Diseases With Actual Rates Per 100,000 Population, Saskatchewan, 1980 to 1984

Communicable diseases	Yearly distribution									
	1980		1981		1982		1983		1984	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Amoebiasis	14	—	15	—	9	—	18	—	17	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	2	1	—	—	6	—	4	—	—	—
Diphtheria Carrier	5	—	5	—	—	—	—	—	—	—
Giardiasis	49	—	61	—	92	—	112	—	254	—
Gonorrhoea	2,602	—	2,695	—	2,467	—	2,029	—	—	—
Food Poisoning	113	—	122	—	79	1	152	—	7	—
Hepatitis A	1,305	—	1,415	—	900	4	418	—	778	2
Hepatitis B	180	1	118	—	83	—	140	—	777	2
	109	1	92	—	161	1	109	1	107	1
	—	—	—	—	—	—	58	—	86	—
(b) Influenza	1,999	14	1,232	20	—	—	—	—	—	—
Leprosy	—	—	1	—	—	—	—	—	—	—
Malaria	11	—	4	—	4	—	1	—	1	—
Measles	30	—	63	—	37	—	2	—	10	—
Meningococcal Meningitis	8	—	3	1	3	2	7	—	3	2
Meningitis Bacterial	—	—	—	—	—	—	—	—	—	—
— Haemophilus	27	23	—	37	1	31	2	36	—	—
— Pneumococcal	7	5	6	—	9	—	9	—	7	1
— Other	44	19	2	19	1	8	1	15	1	—
Meningitis, Viral or Aseptic	52	—	48	—	147	3	71	1	138	—
Mumps	554	—	158	—	131	—	41	—	21	—
Pertussis	177	—	84	—	7	—	16	—	31	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	402	—	72	—	65	—	81	—	31	—
Congenital Rubella	2	—	—	—	—	—	—	—	—	—
Salmonellosis	230	—	248	—	456	1	632	—	495	1
Shigellosis	390	1	674	—	620	—	281	—	324	1
Syphilis	44	—	20	—	22	—	23	—	28	—
Tuberculosis	119	6	96	8	91	2	99	4	94	5
Typhoid and Paratyphoid fevers	1	—	2	—	1	—	1	—	5	—
Annual rate per 100,000										
Amoebiasis	1.5	—	1.6	—	0.9	—	1.8	—	1.7	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	0.2	0.1	—	—	0.6	—	0.4	—	—	—
Diphtheria Carrier	0.5	—	0.5	—	—	—	—	—	—	—
Giardiasis	5.1	—	6.3	—	9.4	—	11.2	—	24.7	—
Gonorrhoea	270.7	—	278.3	—	251.4	—	202.9	—	176.3	—
Food Poisoning	11.8	—	12.6	—	8.1	0.1	15.2	—	0.7	—
Gastroenteritis	134.8	—	146.1	—	91.7	0.4	41.8	—	75.6	0.2
Hepatitis A	18.7	0.1	12.2	—	8.5	—	14.0	—	75.5	0.2
Hepatitis B	11.3	0.1	9.5	—	16.4	0.1	10.9	0.1	10.4	0.1
(a) Hepatitis B Carrier	5.8	—	8.4	—	—	—	—	—	—	—
(b) Influenza	208.0	1.5	127.2	2.1	—	—	—	—	—	—
Leprosy	—	—	0.1	—	—	—	—	—	—	—
Malaria	1.1	—	0.4	—	0.4	—	0.1	—	0.1	—
Measles	31.3	—	—	6.5	—	3.8	—	0.2	—	1.0
Meningococcal Meningitis	0.8	—	—	—	—	—	—	—	0.3	0.2
Meningitis Bacterial	—	—	—	—	—	—	—	—	—	—
— Haemophilus	2.8	2.4	—	3.8	0.1	3.1	0.2	3.5	—	—
— Pneumococcal	0.7	0.5	0.6	—	0.9	—	0.9	—	0.7	0.1
Other	4.6	2.0	0.2	1.9	0.1	0.8	0.1	1.5	0.1	—
Meningitis, Viral or Aseptic	5.4	—	5.0	—	15.0	0.3	7.1	0.1	13.4	—
Mumps	57.6	—	16.3	—	13.4	—	4.1	—	2.0	—
Pertussis	18.4	—	8.7	—	0.7	—	1.6	—	3.0	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	41.8	—	7.4	—	6.6	—	8.1	—	3.0	—
Congenital Rubella	0.2	—	—	—	—	—	—	—	—	—
Salmonellosis	23.9	—	25.6	—	46.7	0.1	83.2	—	48.1	0.1
Shigellosis	40.6	0.1	69.6	—	63.2	—	28.1	—	31.5	0.1
Syphilis	4.6	—	2.1	—	2.3	—	2.3	—	2.7	—
Tuberculosis	12.4	0.6	9.9	0.8	9.3	0.2	9.9	0.4	9.1	0.5
Typhoid and Paratyphoid fevers	0.1	—	0.2	—	0.1	—	0.1	—	0.5	—
Population (c)	961,100		968,300		981,400		1,000,000		1,029,000	

(a) Notifiable as of 1983.

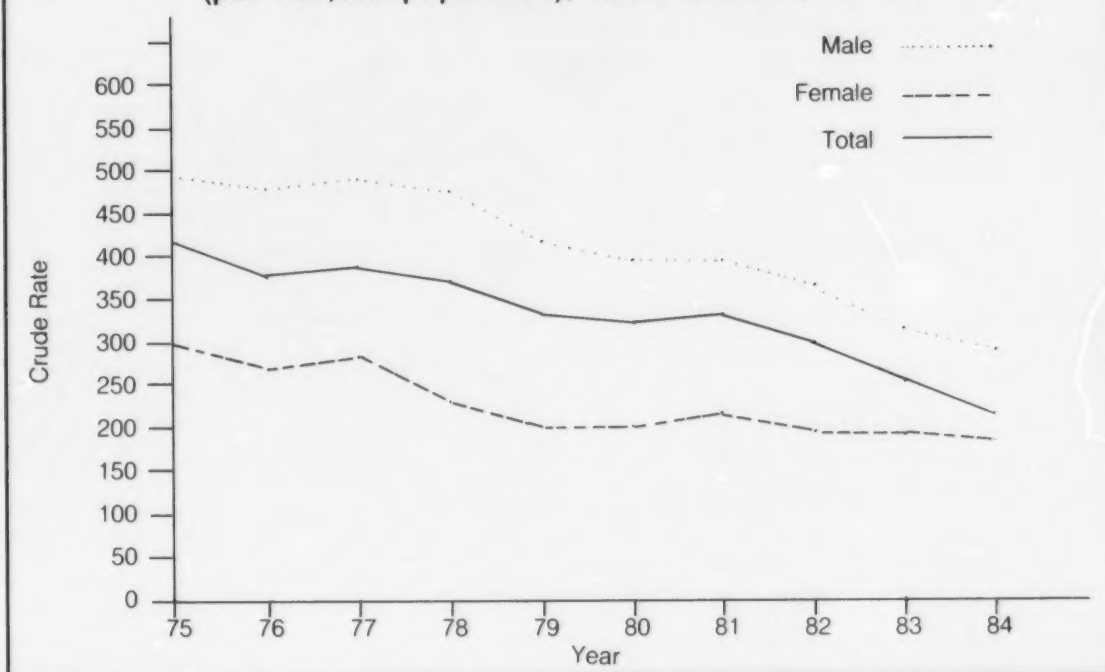
(b) No longer tabulated as of 1982.

(c) Statistics Canada population figures (revised 1982). 1980 — Final mortality figures of Saskatchewan residents (Statistics Canada) 1981 to 1983 — Preliminary mortality figures (Saskatchewan Occurrences only).

Table 11. Reported Cases of Syphilis and Gonorrhoea, Saskatchewan, 1979 to 1984

Year	Total	Gonorrhoea	Syphilis
1979	2,696	2,670	26
1980	2,646	2,602	44
1981	2,715	2,695	20
1982	2,489	2,467	22
1983	2,052	2,029	23
1984	1,842	1,814	28

Figure 6. Crude Incidence Rate For Sexually Transmitted Disease, (per 100,000 population), Saskatchewan, 1975 to 1984



Epidemiology

During 1984-85 a wide variety of epidemiological studies were undertaken. These included investigations of outbreaks of disease and also reported "clusters" of disease occurrences, especially deaths from cancer. In no instance was evidence gained that would suggest the reported cluster was caused by anything other than natural causes.

Surveillance studies of multiple sclerosis, cardiovascular disease and respiratory disease were continued throughout the year.

Considerable work was done, in collaboration with the Saskatchewan Prescription Drug Plan, on the use of the Saskatchewan Health databases for drug epidemiology purposes. Studies undertaken in this area included the possible teratogenic effects of both valproic acid and accutane. Studies of the adverse effects of non-steroidal anti-inflammatory drugs also were undertaken.

Sero-Epidemiological Studies

During 1984-85, serological studies were undertaken in relation to both the rabies vaccination program and the Hepatitis B vaccination program.

a) Rabies

Evaluation of 0.1 ml doses of human diploid vaccine by the intradermal route for pre-exposure vaccination against rabies showed that this is as adequate a protection as that given in a larger dose (1.0 ml) by the intramuscular route.

b) Hepatitis B

A sero survey of embalmers to assess their degree of risk from the disease and their need for immunization showed that eight per cent had been exposed to the disease. This is a higher risk than faced by the general public, and Saskatchewan Health is now making the vaccine available to embalmers and other high-risk patients and hospital staff.

Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection, and is continued for a period of five years if no carditis occurs, or for life if, in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. Currently 624 people are on the program compared to 838 in 1984.

Table 12. Total Program Expenditures*, Medical Services Division, 1981-82 to 1984-85

Year	Total	Physician services	Drugs, medical supplies and appliances	Optical services	Dental services	Medical transport
1981-82	2,556,600	65,320	846,080	369,900	1,275,300	
1982-83	3,439,970	71,740	931,200	455,890	1,981,140	
1983-84	1,598,660	78,870	958,220	561,570	†	
1984-85	2,711,000	123,440	1,052,910	595,760	†	938,890**

* Excluding program administration costs. Historical expenditure figures will differ from those published in previous annual reports as they have been revised to include expenditures for correctional inmates.

** Responsibility transferred from Social Services effective May, 1984.

† Budget for the program's dental component transferred to the Saskatchewan Dental Plan on April 1, 1983.

Medical Services Division

The Medical Services Division administers the payment of accounts for non-insured health services to persons who Saskatchewan Social Services nominates to the Supplementary Health Program. Beneficiary classifications include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions and non-recipients of social assistance benefits 65 years and older, who are in Level 2, 3 or 4 special-care homes or long-term hospital care, and whose income is at or below the Saskatchewan Income Plan level.

Beneficiaries

Over the past two years, the number of beneficiaries receiving coverage for non-insured health benefits increased considerably. The following table shows the average annual caseload of supplementary health services beneficiaries from 1982 to 1984-85:

Year	Beneficiaries
1981-82	44,863
1982-83	54,760
1983-84	62,711
1984-85	66,071

These figures do not include inmates of correctional institutions.

Benefits

Beneficiaries are provided with a health services card and a supplementary health card. The health services card entitles beneficiaries to all benefits of the universal health programs.

The supplementary health card further entitles beneficiaries to the following comprehensive range of non-insured services:

Medical Services

Medical Services pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Saskatchewan Dental Plan. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan. Saskatchewan Dental Plan issues a detailed annual report.

Drug and Appliance Services

Three plans provide Supplementary Health Program drug benefits.

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy.

Before May 1, 1984, beneficiaries paid the normal prescription charge on all other formulary products and the full cost of prescription drugs that are not on the formulary of the Saskatchewan Prescription Drug Plan. On May 1, 1984, all formulary drugs were made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted nursing and approved community home, child wards and provincial correctional inmates.

Medical Services pays the full cost of most medical supplies and appliances prescribed by a physician and not benefits under the SAIL Plan.

Optical Services

MCIC pays for refractions as an insured service.

Medical Services pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs are paid according to a schedule of fees and there is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

On May 1, 1984, the payment responsibility for certain social assistance transportation costs was transferred from the Department of Social Services to the Medical Services Division. Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically-related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Consultative Services

Medical

Objective — To provide expert medical consultation to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant acts as liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for branch and other agency staff.

A Medical Advisory Committee provides a formal mechanism for the provision to the branch director of medical advice and the identification of medical issues affecting the provision of community health services.

Therapeutic Abortions

The Community Health Services Branch has responsibility for maintaining a record of therapeutic (induced) abortions performed in Saskatchewan hospitals and transmitting this information to Statistics Canada on a monthly basis.

In 1984, there were 1,207 therapeutic abortions performed. The number of hospital days continues to decrease.

Table 13. Therapeutic Abortions, Saskatchewan, 1983 - 1984

Age of patient	Marital status of patient											
	Number		Married		Single		Separated or divorced		Other		Hospital days	
	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984
Under 15	11	22	0	0	11	22	0	0	0	0	2	22
15	38	47	0	0	38	47	0	0	0	0	11	11
16	70	64	0	0	70	63	0	0	0	1	14	24
17	81	63	1	0	80	62	0	0	0	1	13	19
18	122	106	0	0	121	105	1	0	0	1	21	49
19	143	128	4	1	131	121	6	3	2	3	20	36
20-24	468	429	28	22	391	346		44	15	17	112	57
25-29	247	191	56	39	118	101	61	40	12	11	50	37
30-34	121	87	47	35	28	22	41	26	5	4	35	24
35-39	57	54	37	32	4	5	11	13	5	4	19	21
40-44	24	15	15	8	5	0	3	6	1	1	18	7
45+	4	1	2	1	0	0	1	0	1	0	2	0
Total	1,386	1,207	190	138	997	894	158	132	41	43	317	307

Nursing

Central office nursing consultants provide consultative services on province-wide community health nursing programs to regional public health nurses, as well as to other health and educational agencies.

Services include providing help in planning, developing, promoting, co-ordinating and evaluating community health nursing programs. Assistance is also provided to develop inservice education and training programs, to establish immunization schedules and to provide professional consultation throughout the regions.

Family Planning

Family planning services are integrated into a number of community health programs. Public health nurses, for example, provide individual and/or group education and counselling for both expectant and new parents.

In 1983-84 grants were provided to Family Life Saskatchewan, Planned Parenthood, Serena Saskatchewan, and Saskatchewan Pro-Life Association.

Health Protection Services

The Health Protection Division takes a comprehensive approach to health protection. The Division identifies, evaluates and responds to a wide variety of public health issues.

The division concentrates on:

- advisory services on environmental health issues;
- consultation in support of regional public health inspection services; and,
- milk sanitation services.

Consultant Services For Public Health Inspection

Senior public health inspector consultants provide advice to the regional public health inspection staff and the general public. They review and interpret The Public Health Act relating to food safety, public eating establishments and lodging. They maintain close contact with municipal, provincial, federal and voluntary agencies.

This section provides effective public health control of milk-borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation, residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1984-85 only two towns and 16 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization and reassured by the enforcement of regulations. There have been no reported illnesses attributed to infected milk in decades.

Table 14. Compliance to Milk Quality Standards, 1981-82 to 1984-85

Milk quality standards	Per cent compliance			
	1981-82	1982-83	1983-84	1984-85
Average	92.04	92.49	97.05	98.50
Standard plate count*	98.23	98.74	98.84	99.35
Coliform plate count†	92.08	92.86	95.05	97.80
Phosphate test‡	100.00	100.00	100.00	100.00
Test for inhibitors**	99.71	99.94	99.87	99.91
Commingled raw milk count††	83.46	89.57	91.46	85.43

* Less than 30,000 bacteria per millilitre.

† Less than 3 coliform bacteria per millilitre.

‡ Color equivalent to less than 1 microgram of phenol per millilitre.

** Less than 0.05 units of penicillin per millilitre.

†† Less than 300,000 bacteria per millilitre.

Saskatchewan Child Safety Committee

In 1982, Saskatchewan became the first province to appoint a committee to respond to the leading cause of death among children and youth: accidental injury. The Minister of Health appointed the committee from representatives of health

professions, safety agencies, government departments, educators and the public. The committee works to promote safety through the network of groups and agencies it represents and by making recommendations to the Minister of Health and others.

Administrative Support Services

The central office provides administrative support services such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems to regional health programs.

The Administration Division is responsible for co-ordinating the development of the branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

Table 15. Approved Person Year Distribution, Community Health Services Branch, 1983-84 and 1984-85

Organizational unit	1983-84	1984-85
Total	443.1	416.3
Health Regions	329.1	300.8
Health Promotion	6.6	5.6
Health Protection	9.6	8.7
Health Promotion and Counselling for Youth	1.6	—
Health Services Program	6.3	7.3
Chiropody	7.0	15.0
General Administration	23.1	20.1
Communicable Disease Control	9.6	9.1
Saskatchewan Hearing Aid Plan	29.8	30.3
Saskatchewan Aids to Independent Living	20.4	19.4

Staffing

There were 416.3 approved permanent and non-permanent positions in the Community Health Services Branch as of March 31, 1985, a net

decrease of 26.8 person-years from March 31, 1984.

Table 16. Revenue, Community Health Services Branch, 1983-84 and 1984-85

Revenue	1983-84	1984-85
Total	\$1,535,502	\$1,392,652
Public Health Tax Levy	307,089	307,091
Permits, licences	17,484	12,866
Health Promotion:		
— Commodity sales	3,320	2,208
— V.R.D.P.**	—	—
Health Promotion and Counselling for Youth		
Health and Welfare grant	54,460	—
SHAP*		
— Hearing aids	484,796	609,036
— Hearing aid batteries	138,120	141,682
— Hearing aid moulds	31,249	39,421
— Hearing aid repairs	55,820	65,438
— 3rd party recoveries	80,151	89,209
— Auditory trainers	6,850	6,120
— Hearing aid accessories	13,070	14,242
SAIL		
— Commodity sales	36,121	29,712
— V.R.D.P.	306,972	75,627

* SHAP revenue is gross revenue of \$938,389. (This includes an increase in accounts receivable of \$26,759.)

** Vocational Rehabilitation: Other Disabled Persons.

Finance

Revenue

The Community Health Services Branch had receipts of \$1,392,652 from the issuance of permits, licences, sale of hearing aids and accessories and third-party recoveries during the 1984-85 fiscal year. Also, in co-ordination with the Local Government Board and Saskatchewan Revenue, Supply and Services, \$307,091 was collected through the Public Health Tax Levy. All receipts collected by Community Health Services Branch and Revenue, Supply and Services were deposited to General Revenue, Saskatchewan Finance.

Expenditure

The actual expenditure in the 1984-85 fiscal year was \$25,644,040. Of this total, 41.2 per cent was expended for health regional programs, 23.1 per cent for operation of the SAIL and SHAP programs, 5.3 per cent for centralized support services (general administration), 7.5 per cent in the form of grants to the cities of Regina and Saskatoon and other health agencies, and 2.9 per cent to the Chiropody Program.

Table 17. Expenditure, Community Health Services Branch, 1983-84 and 1984-85

Distribution	1983-84		1984-85	
	Expenditure	Per cent	Expenditure	Per cent
Total	\$23,841,360	100	\$25,644,040	100
Health Regions	10,584,680	44.4	10,555,250	41.2
Health Promotion	660,650	2.8	936,060	3.7
Medical Services Division*	1,854,970	7.8	2,988,150	11.7
General Administration**	1,533,790	6.4	1,355,540	5.3
Grants to other health agencies	1,899,120	8.0	1,913,200	7.5
CD/VD	1,300,370	5.4	1,211,880	4.7
SHAP	1,748,130	7.3	1,971,670	7.7
SAIL	3,480,240	14.6	3,952,570	15.4
Air Ambulance	685,020	2.9	—	—
Chiropody	94,390	0.4	755,730	2.9

* The administrative responsibility for medically related transportation for supplementary health beneficiaries was transferred from the Department of Social Services, May 1, 1984.

** General Administration includes: administration and public health inspection consultants.

2. Northern Health Services Branch

Objective

To provide integrated delivery of all health services in the Northern Administration District through the following range of programs and services:

- Nursing Program (Public Health and Primary Care);
- Mental Health Program (Community Mental Health);
- Community Services Program (Health Education and Community Health Workers);
- Dental Program;
- Continuing Education;
- Home Care.

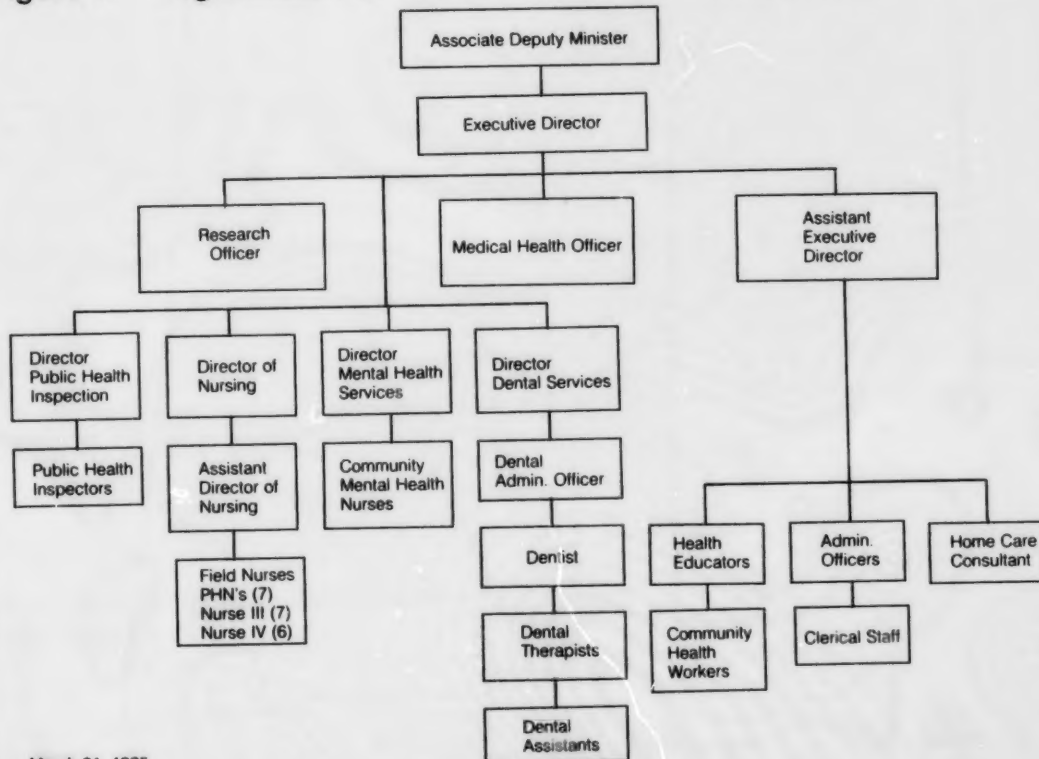
Organization and Administration

The area with the Northern Administration District is divided into three general administration regions. Health services, as provided by the Northern Health Services Branch, are organized on a local clinic basis with some permanently based personnel and some clinics staffed on a routine visiting basis. All headquarters personnel are based in La Ronge.

A typical clinic is staffed with all, or part of, the following disciplines:

- acute care or public health nursing
- community mental health nursing
- public health inspection
- dental therapists and dental assistants
- physicians and dentists visiting on a regular basis.

Figure 7. Organization of Northern Health Services Branch



March 31, 1985

Nursing Program

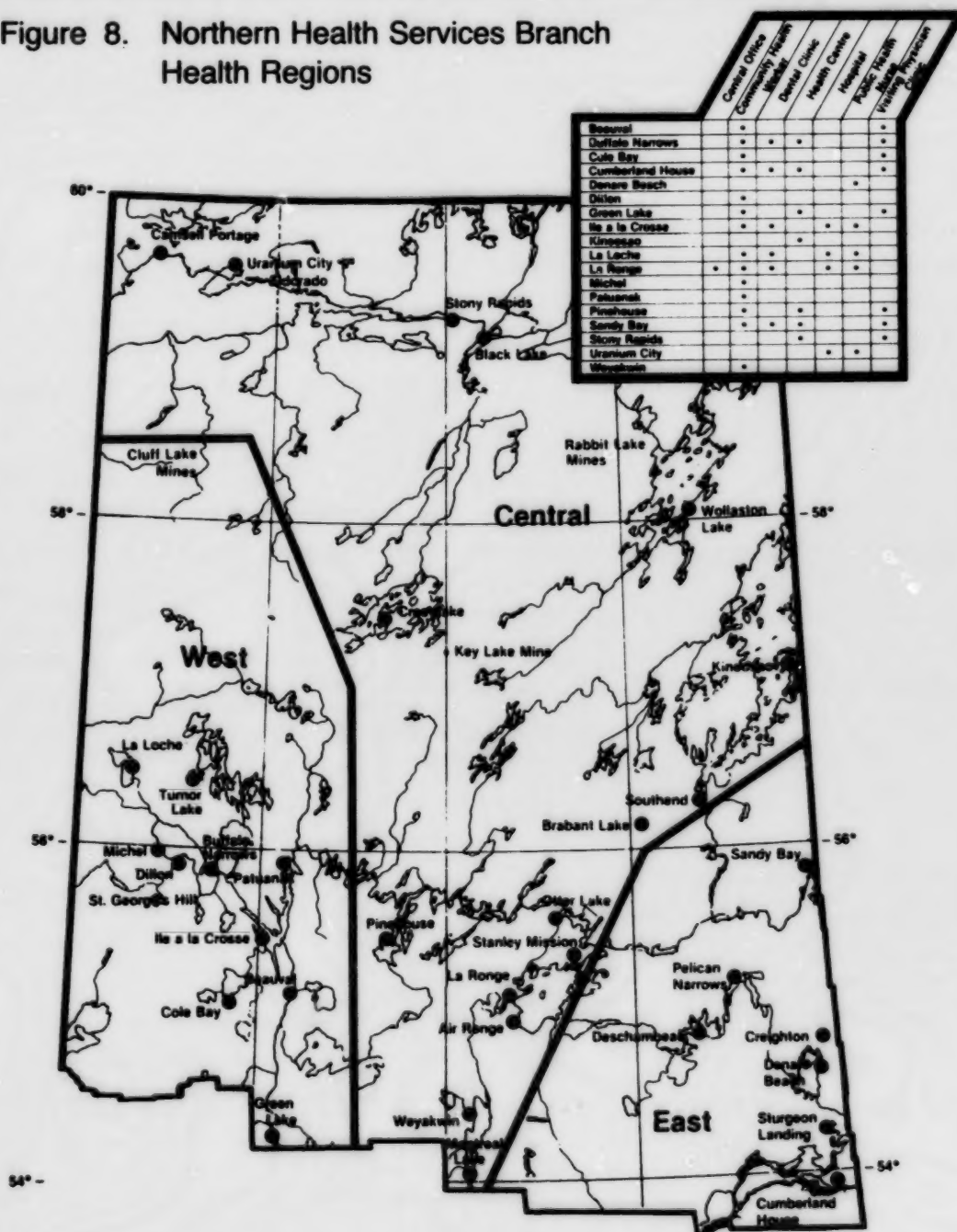
Objectives

To promote health, prevent disease and accidents, and to provide assistance in the restoration of health for those who are ill or injured.

Services

In communities with no physicians, primary care nurses provide 24-hour services in nursing and diagnostic care. All patients are seen for minor and emergency cases. Public health nurses serve the community through health education, health

Figure 8. Northern Health Services Branch Health Regions



March, 1985

promotion and screening programs. Well baby clinics and immunization programs are conducted in most northern Saskatchewan communities.

In the past year, emphasis has been placed on three aspects of the program:

1. Immunization — both well baby clinics and school immunization programs have been well attended. A total of 4,824 children have been immunized.
2. Pre and postnatal teaching — prenatal classes and pre and postnatal home visits are a medium by which many of the nurses provide health education to our clients.

3. Primary care clinics — in our community health centres our primary care nurses have dealt with a variety of problems. Six health centres staffed by 13 nurses saw in excess of 25,000 clients during 1984-85.

Eight thousand and ninety-two persons attended 892 doctors' clinics held during the year.

A total of 22 nursing positions are located in 10 communities. Three supervisory positions are located in the La Ronge headquarters, 13 primary care positions and six public health nurses are located both in La Ronge and throughout the North.

Table 18. Immunizations, Northern Health Services Branch, 1984-85

	Total	Infants	Pre-school	School
D.P.T.*				
1st	449	390	41	18
2nd	415	320	65	30
3rd	531	362	109	60
Recall	803	7	543	253
Polio virus				
1st	451	385	43	23
2nd	403	310	89	4
3rd	240	224	16	0
Recall	990		658	332
Measles (Rubeola)	0	0	0	0
Rubella	74			74
M.M.R.†	468		447	21

* Diphtheria Pertussis, Tetanus.

† Measles, Mumps, Rubella.

Primary Care Clinics Attendance	
Total	27,882
Infant	1,778
Preschoolers	3,548
School age	6,963
Adults	15,593

Child Health Conferences	
CHC	529
Attendance	
- Children	1,248
- Preschool	1,162

Mental Health Program (Community Mental Health Nursing)

Objectives

To provide assessment, planning and counselling services for people having problems relating to mental health.

Services

During 1984-85, the Mental Health Program was involved in a number of community-based projects, all of which show considerable progress

in the provision of services. Research projects carried forward from 1983-84 indicated specific needs in some communities and programs were established with the assistance of resource people from other departments to deal with such problems as:

- the higher than average suicide rate in northern Saskatchewan
- liaison with and drawing together of all resource people to work in a concerted effort to provide adult counselling, family therapy and referral to professional help.

Three community mental health nurses and the director also provide medication, follow-up, escort and medi-vac services as well as assessments and community education.

Services provided by Northern Health Services personnel were augmented throughout the year by visiting specialists such as psychiatrists and mental health teams. Progress was made on the expansion of the Mental Health Program and steps have been taken to provide for the addition of a speech and language pathologist in 1985-86.

Public Health Inspection Program (Environmental Health)

Objective

To improve health standards in northern Saskatchewan. Emphasis is placed on teaching northern citizens the significance of sound health practices.

Services

During the year, public health inspectors conducted a total of 250 inspections, covering food and general sanitation. They issued 86 plumbing permits. A total of 265 operating permits were issued to campgrounds, tourist camps, mobile home courts, motels, institutional camps, hotels and public eating establishments.

The responsibility for municipal water supply, municipal sewage systems, liquid waste transport and solid waste disposal was transferred to Saskatchewan Environment.

A major outbreak of hepatitis occurred in Wollaston. Considerable work was involved in completing the investigation and follow-up of the outbreak. There were also sporadic cases of hepatitis in communities on the West Side and in La Ronge.

Staff members held courses in food handling throughout the North and assisted in janitorial workshops. The second annual Golden Garbage Can Award Challenge was very successful.

Staffing

Staff members attended regular upgrading courses.

The West Side public health inspector position was vacant from April to July, 1984. The Director, Public Health Inspection was vacated in June, 1984. It was filled in an acting capacity by a La Ronge-based public health inspector.

Table 19. Inspections, Northern Health Services Branch, 1984-85

Area	Food control	General sanitation	Total
West Side	23	17	40
Central	35	60	95
East Side	44	71	115
Total	102	148	250

Table 20. Number of Permits Issued to Operate, Northern Health Services Branch, 1984-85

Total	265
Campgrounds	1
Tourist camps	157
Mobile home courts	2
Motels	22
Institutional camps	3
Hotels	7
Public eating establishments	71
Swimming pools	2

Home Care Program

Objectives

To preserve and maximize the ability of the individual to remain at home and in the community by offering care and support, and instruction; to reduce the frequency of hospital admissions and to assist in personal care until placement is possible. When home care is fully developed and allied with services such as private care homes, senior citizens' day care centres, physiotherapy and visiting specialist services the program will be an optimum service for the handicapped, chronically ill, and elderly as well as other northern residents in need.

Services

The home care program is administered through non-government organizations by means of grants under the authority of the Minister of Health.

During the 1984-85 year, nine home care boards were active in northern Saskatchewan. Services were provided to approximately 350 clients by 60 full or part-time staff.

The program emphasis has now shifted towards a need-based program and offers additional services such as meals-on-wheels and nursing in some locations.

1984-85 Grants

Ile a la Crosse	79,510
La Ronge	75,000
Creighton	86,620
Cumberland House	58,810
Green Lake	53,030
Pinehouse	61,050
Uranium City	25,000
Weyakwin	33,080
Beauval	<u>55,550</u>
Total	527,650

Dental Program

Objectives

- to make dental treatment regularly and reliably accessible to the residents of northern Saskatchewan. These services are limited to non-treaty children between the ages of three and 17 inclusive and also to adults on an emergency basis.
- to provide identical services to enrolled treaty children on a fee-for-service basis with charge-back to the Department of Indian Affairs and Northern Development.
- to render services in the North more equitable in relation to those available in the southern part of the province;
- to improve substantially the dental health status of people in northern Saskatchewan.

Staff

From one dentist and one dental team in 1973-74 the program has expanded to its present staffing level of one dental director, one supervising dentist, an administrative officer, eight dental therapists and 10 dental assistants. Base clinics are located in La Loche, Buffalo Narrows, Beauval, La Ronge, Sandy Bay and Creighton with satellite clinics in Turnor Lake, Ile a la Crosse, Green Lake, Pinehouse, Stony Rapids, Weyakwin, Pelican Narrows and Cumberland House. Initially all clinics were located in community health centres but in 1984 an effort was made to relocate the dental clinics in schools to improve patient access and program delivery. As of 1985 school clinics were completed in La Loche, Buffalo Narrows, Beauval, Green Lake and Creighton. More relocations are planned in the future.

Services

The Northern Health Services Dental Program provides a full range of diagnostic, restorative, surgical and preventive services to its patients. The services are performed by dental teams which consist of a dental therapist and a dental assistant, and by the supervising dentist who is responsible for performing all initial examinations, diagnoses and treatment planning. The supervising dentist also supervises the dental team to ensure an acceptable level of quality and personally treats all cases beyond the legal and professional scope of the dental therapist.

Research

In January 1983, a survey was conducted to assess the dental health of children in northern Saskatchewan. The results of the survey indicated that the decay rate for northern children was at least five times that of children in the southern part of the province. An intensive effort is being pursued to improve this situation and a follow-up survey will be completed in the 1985-86 school year to determine what progress is being made.

Food Subsidy Program

Effective Jan. 15, 1985 the Food Transportation Subsidy Program was cancelled except to the community of Kinoosao which saw its last service at the end of January, 1985.

While still in effect, the Subsidy Program transported 845,607 pounds of perishable food stuffs to Fond du Lac, Stony Rapids, Black Lake, Wollaston and Kinoosao. Total dollars provided by the Northern Health Services Branch during the fiscal year were \$249,939.53.

Health Education Program

Objective

To assist residents of northern Saskatchewan to improve or maintain their present health status.

Goals

- to provide health education services in northern communities.
- to provide assistance and support to community health workers who are the liaison between direct health delivery staff and service recipients in the communities.
- to increase involvement, responsibility and action on a community and local government level in the health issues affecting the community and in the improvement of health in the community.

- to provide Indian, Metis, and non-native northerners with the opportunity to participate in the planning, development and delivery of health education services.

- to assist in the development and provision of opportunities for Indian, Metis and non-native northerners to be trained as health professionals.

- to be available for consultation and to make good use of southern health services staff and resources.

- to work with other Northern Health Services Branch staff and programs on health issues in northern Saskatchewan.

This program has two components:

Health Education

The health education aspects of the program include development of health education programs to address identified health problems; development of health education materials that are appropriate to northern needs; provision of seminars or talks for health professionals, schools and community groups on request; and distribution of health information and materials upon request.

The health educator program supplies health centres and clinics, dental clinics, health inspection offices and other interested groups with health promotion material. There was a constant demand for materials from the resource lending centre, and for pamphlets and posters. Where no materials appropriate to the North existed, health education staff developed their own or acquired new ones.

Highlights for 1984-85 include co-production of a slide tape presentation on the branch and the North; doing weekly health topic interviews on local CBC radio; joint co-ordination with Environmental Health of the first annual Golden Garbage Can Award Challenge; running three successful workshops for community health workers; co-ordinating a non-smoking campaign in northern Saskatchewan; and running a Nutrition Month poster contest.

The health educators also filled many requests for workshops and talks to a variety of groups in several communities. Some of the more common topics were nutrition, fitness, smoking, hygiene, family planning, teen parenting, and weight control. Health education is also encouraging successful and interested participants of first aid and cardiopulmonary resuscitation (CPR) courses to become certified at the instructor level.

The health education program has three full-time positions. During the 1984-85 period, one position was filled on a half-time basis for eight months.

Community Health Services

The community health workers program was introduced in 1976. Community health workers are indigenous northern community residents who are trained to provide the following services: basic health education in homes and schools; interpreting; education and liaison assistance to health professionals and community residents; orientation of health staff to northern communities; and education of community members regarding the availability of health services.

The community health workers are direct employees of their local councils which are on contract with Northern Health Services, the branch that administers, funds, and monitors the program. By being actively responsible for their respective community health workers, the local councils are encouraged to communicate more closely with them and become more involved in the health issues of their own community.

Work continues in the development of good working relationships between the community health workers, their employing councils, and the Northern Health Services staff. Groundwork was begun in the building of interest in health committees and support was given to the one already in existence in Sandy Bay.

There were, in 1984-85, 14 community health worker positions based in the following locations: La Loche, Buffalo Narrows, Michel Village, St. George's Hill, Ile a la Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay, and Cumberland House. One of the 14 new positions is entitled an untrained community health worker. This employee will have limited duties on the agreement that she will attend the next training course when it is available. Cost of the community health worker program totalled \$248,800 for 1984-85.

Three training workshops for community health workers were organized during the year. The first involved a nutrition update, the second covered community development and the third a variety of topics including emergency childbirth, alcohol and youth, nutrition month, and environmental health.

Highlights of the year included: more community health workers venturing into teaching and leading workshops; two community health workers receiving recognition for their work on the Golden Garbage Can Challenge; four councils sending their community health workers to the Calder mini-course on alcoholism; and, community health workers becoming more involved in their communities by joining home care boards, seniors' projects, school boards, and recreation projects.

3. Regina and Saskatoon Cities' Health Programs

Overview

Health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through a Board of Health. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The board is appointed by Saskatoon City Council.

Each of these cities has provided a report in an attempt to give a more complete outline of the health services received by approximately 30 per cent of the province's population.

Each publishes an annual report containing more details and statistics. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan S4P 2R3) and the Saskatoon Community Health Unit (350 3rd Avenue North, Saskatoon, Saskatchewan S7K 2C3).

Regina City Health Department

Overview

Health programs and services have expanded greatly over the years. Initially the greatest problems were sanitation and infectious diseases. Today the Health Department is also involved in education aimed at changing lifestyles and promoting more healthful living. In recent years, with the increasing numbers of native people moving to Regina, concerns have arisen regarding provision of appropriate health services for them. In May of 1984, two Native Community Health Workers became permanent employees of the City Health Department. This is in keeping with one of the recommendations the Mayor's Task Force on Indian and Metis Health made in 1983.

A Database Health Status Survey was carried out with Canada Summer Works Program students involved. Questions covered health and lifestyle matters and consisted of an interview for one group of Regina citizens and a mailed questionnaire for a major group. Of the 5,000 questionnaires mailed 53.1 per cent (2,654 persons) replied — a truly excellent response. Data are undergoing computer analysis.

There has been an excellent response by restaurant operators and other food handlers to the Public Health Inspection Division's Food Handlers' Courses.

Pediatrician Services

Although the Maternal and Child Health Division has been officially dismantled, pediatric services continue to be offered in two of the 21 regularly scheduled child health clinics. In 1984, there were 391 infants and children examined and their parents counselled by the pediatrician.

Besides serving in these clinics, the pediatrician also provides certain direct clinical and telephone advice services to parents. Advice is also provided for staff members and private practitioners and other professionals, on immunization, communicable disease control and public health programs.

Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable diseases remain a basic concern of the department and activities in this area are a part of almost every division's duties.

The immunization program was very active with public health nurses administering 41,699 procedures during 1984 to 24,260 individuals.

Immunization procedures by age group were as follows:

Infants	16,137
Preschool	12,493
School	10,348
Adults	1,926

The department continued to be the designated yellow fever vaccination centre for southern Saskatchewan. During 1984, 1,063 doses were administered. In all, 1,926 travellers received this and/or other necessary immunization procedures.

Communicable Disease Control

There were no confirmed cases of rubeola in Regina during 1984. The number of cases of sexually transmitted diseases reported during 1984 was 374, a reduction from the 521 reported in 1983. Increases were observed in Hepatitis A and in viral meningitis compared to 1983.

Public Health Nursing Division

The Public Health Nursing Division employed 38 nurses this year, serving a population of 172,340. Positions include one nursing director, three assistant directors, 30 community nurses, three nurses whose main focus is immunization and one nurse assigned to the sexually transmitted diseases program and to tuberculosis surveillance throughout the city.

Two native community health representatives in our Community Outreach Project continued to be funded through joint federal-city funding until the end of April. In May, they became permanent city employees.

New Programs, Projects and Activities

1. A second phase of the assessment of all children born in 1979 took place in the fall. Kindergarten entrants who had not participated in the 1983 assessments at ages 3.5 to 4.5 were screened for vision, hearing, speech, development, nutrition, general health and immunization. A comparison of previously undetected problems between the two groups will be done.

2. Special developmental assessments were done between June and September this year with an invitation extended to all those born in 1980. A total of 1,942 were completed from a population of 2,973.

3. Public health nurses participated in health education to the public in a variety of ways, including mall displays during Single Parents' Week and National Non-Smoking Week, plus booths at the North Central Health Fair, and at Femtastic with the topics "The Choking Victim" and breast self-examination.

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1984, 518 classes were taught. Participants included 1,037 mothers (of whom 239 were single), 835 fathers and 113 "coaches". The number of Regina births in 1984 was 3,185. This means just over 32 per cent of all expectant mothers were reached with a majority being primiparas. Attendance at Early Bird Classes continues to be stressed and now accounts for 50 per cent of all couples' classes.

In the school setting, 85 teenagers received counselling regarding pregnancy for a total of 363 visits. As well, the Balfour Tutorial School had 80 students who received an average of 10 prenatal classes in addition to their regular school work.

2. Parent Education

Only two series of three classes were given to 11 mother and father teams who plan to adopt a baby. One series of the "Are You An Askable Parent?" program was presented to 11 mothers and five fathers. One-to-one parent education is also available during child health clinics and home visits.

3. Health Education Talks

Talks were given to a variety of community groups on a wide range of health topics. Subjects, including infant and child care, first aid, breast self-examination, family life, burn-out, parenting, sexually transmitted diseases, and safety, were presented to such groups as Big Sisters, Women In Need, school principals, Y's Women and foster parents.

	1982	1983	1984
Health education to the community:			
Number of sessions	166	168	142
Number of persons	2,305	2,095	2,440

4. School Services

Public health nurses spend on average 38 per cent of their time in the city's 111 schools (93 elementary, 14 high and 4 other). Services provided include: physical assessment (3,093); first aid (2,939); immunization (5,524); hearing screening (8,737); vision screening (11,010);

scoliosis screening (2,940); communicable disease screening (5,395); student counselling (4,003); pregnant counselling teenagers (1st contact — 85, follow-up — 278); parent counselling (3,722); and teacher counselling (4,682). Classroom instruction on health-related topics continued to be an important and growing area. Family life, nutrition and first aid were some of the subjects addressed.

	1982	1983	1984
Classroom instruction:			
Number of sessions	329	443	481
Number of persons	7,047	10,901	12,717

5. Infant and Preschool Services

Child health clinics monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations.

Total visits made to these clinics numbered 11,701. Of this total, infant visits numbered 6,781, preschoolers made 4,665 visits, and school-age children 255. Immunization was given at 83 per cent of all visits. Clinic locations were increased by one during the year, making 16 throughout the city.

Preschoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics. During the year 550 children in the 3-5 year old age group received vision screening resulting in 77 referrals. Essentially the same children, numbering 559, received audiometer screening, with 60 being referred for further assessment.

An additional 1,942 preschool children born in 1980 had vision and hearing testing included with their special assessments during the summer.

Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to persons on the rheumatic fever program. At year end, 48 individuals were on the program, the same as last year.

Tuberculosis notifications were reduced to 58 from last year's figure of 111. Five cases of tuberculosis were reported, a decrease from last year's total of seven.

The reported incidence of sexually transmitted diseases was 351. Of these, 347 were gonococcal infections and four syphilis. Notifications for contact tracing totalled 214; of these, 180, or 84 per cent, were located and referred for treatment. As well, the nurse assigned to the Sexually Transmitted Diseases Program gave 27 talks to a total of 668 people during the year.

Home Visiting

Visits to homes numbered 7,317, for an average of 243 per district nurse. Visits accounted for 7,978 hours of time and were made for the following reasons (more than one reason per visit): infant care (4,074); sudden infant death (26); services to preschoolers (1,887); services to school children (787); suspected child abuse (53); services to adults (3,075); services to senior citizens (587); prenatal care (214); postnatal care (3,268); communicable disease surveillance (645); boarding care homes (28); and Saskatchewan Aids to Independent Living (603).

Professional Education

Public health nurses acted as field guides to nursing students on 217 occasions this year. Staff inservice sessions numbered 18 for a total of 857 hours, an average of 21 hours per staff member. An average of 19 hours per staff member was spent in workshops and seminars outside the department. Subjects included communicable diseases, instructional techniques, prenatal fitness, wife and sexual abuse and peer counselling.

Environmental Health Division

This division has a staff of 11, consisting of eight district public health inspectors, one supervisor, one chief health inspector and one clerk steno. Three of the district public health inspectors are stationed at the branch office. During 1984, the division received and investigated 1,201 complaints and conducted a total of 18,766 inspections or investigations, orders, tests and consultations.

In 1984, 50 new public eating establishments were opened for business, eight were closed, four were degraded. Forty-four possible food poisoning cases were reported and investigated.

During this period the division took a total of 913 water samples of which 152 were from swimming pools and 761 were from the municipal water system. There were 239 plans approved for construction and/or renovations of food establishments, apartments, etc. In 1984, 51 dwelling units were placarded as unfit for human habitation under The Public Health Act. Twenty-seven houses were repaired and 23 houses were demolished. The division took 95 actions under Section 195 of The Urban Municipality Act. A total of 229 animal bites were investigated in 1984 of which 33 per cent were from dogs at large.

Sixteen public eating establishments closed during 1983, and for the same period there were 38 new openings.

Table 21. Public Health Inspection Services, Regina City Health Department, 1983 and 1984

Area of inspections	Number of inspections	
	1983	1984
Total	15,034	18,766
Public eating establishments	2,082	2,205
Food establishments (bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers)	559	370
Food poisoning cases reported and investigated	43	44
Food samples submitted to laboratory		55
Dwellings, special-care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties	2,657	2,977
Hotels, motels, apartment blocks and trailer courts		153
Recreation areas (swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs)	424	427
Services and trades (laundries, barber shops and beauty parlours, garages and industries)	219	192
Insect and rodent control	168	255
Other investigations	8,577	12,088

Nutrition Division

Group Presentations

Nutrition presentations to 129 groups included audiences such as university students and professors in classes for "English as a Second Language"; five Quit For Good groups; YMCA classes for fitness instructors; students and teachers at schools; children and workers at day care centres; adults in upgrading education classes; girl guide and brownie groups; teen mothers group; Martha House residents; Kiwanis group; Native Women's Prenatal group; Gabriel Dumont Institute students; autistic children; Eaton's health program for senior citizens; groups of children and supervisors at University Park Community Association pre-kindergarten classes; Phoenix House residents; Canadian Mental Health Association clients; welfare rights clients.

Inservice

Five inservice sessions included supplying nursing division with up-to-date nutrition information, and the health department staff with two guest speakers.

Orientation

Community nutrition orientation was provided for three days each for two dietetic interns. Others given shorter orientation included a Saskatchewan Health regional nutritionist, the new provincial nutritionist for Saskatchewan Health, nutritionist for Saskatchewan Medical Services, a new Regina environmental health inspector, and

students from the College of Nursing, University of Saskatchewan.

Mass Media

- CBC TV — Jonathan Shank re: nutritious food basket.
- Cable 3 TV — fast foods discussed with university students.
- FM Radio Station Z99 — weight control discussed with Oksana Healey.
- Radio CFMQ — discussed nutritious Halowe'en ideas with Bob Weidman.
- CBC TV — discussed Halowe'en with David Paratta.
- several nutrition articles were developed for circulation in Saskatchewan weekly newspapers and Regina Rally.

Nutrition Month

The nutritionists helped distribute nutrition materials to Regina physicians, dentists, and cafeterias.

A nutrition display on food facts and fallacies was prepared with help from City Health staff, and set up at various locations, along with nutrition handouts — City Hall, Central Public Library, Lawson Pool, and Fermtastic.

Other activities included working with Holy Rosary School for their Health Education Night, and helping service the Saskatchewan Dietetic Association displays at Wascana Business Division, Southland Shopping Mall, and Fermtastic.

Other Activities

— The nutritionists participated in evaluating the information for development of an infant feeding package.

— Nutrition Division co-operated with Regina City Health Department staff to prepare for and participate in an excellent Health Day Open House in May.

Educational Materials Developed

My Weekly Food Record
How to Build a Better Baby
Breakfast Cereals
Soft Drink Information
Vitamin C Fruit and Vegetables
Vitamin A

Biostatistics Division

The biostatistician's role in the Regina Health Department is to collect and maintain a data base useful to the department, evaluate ongoing programs and help staff research different health areas, thereby assisting the department to set future goals. The biostatistician may directly plan or assist in planning future programs, as well as conducting research into matters involving certain bylaws. The Biostatistics Division administers the Boarding Care Home Bylaw and Quit for Good (a smoking cessation program).

Saskatoon Community Health Unit

Community Health Nursing Division

Community health nursing services include individual assessment, teaching in the home and school, counselling, Child Health Conferences and home visiting. Immunization and screening programs are carried out primarily in the younger age groups.

Services were delivered by 28 community health nurses and six health aides.

Services and Programs

Childbirth Classes for Singles

A committee was formed to review and revise the content of our childbirth classes for single pregnant women. In 1984, 139 single pregnant women attended our childbirth classes.

Childbirth Classes for Couples

The new structure of early and late pregnancy classes began in January 1984. In 1984, 551 couples attended our classes.

Adoptive Parent Classes

A review and revision of Adoptive Parent Classes was undertaken by the Nursing Division based on a needs assessment of adoptive couples. In 1984, 20 couples attended our Adoptive Parent Classes.

Hospital Visiting Program

Community health nurses visited the postpartum wards on a regular basis to identify infants, mothers, and families at risk. In 1984, we received 1,073 early postpartum referrals (34.3 per cent of the total number of births).

Postnatal Visits

All newborn infants in Saskatoon receive a postnatal home visit from a community health nurse. In 1984, 3,131 postnatal home visits were made.

Child Health Conferences

Child Health Conferences are offered at seven locations in the city. In 1984, 13,046 children attended Child Health Conference.

School Health Services

The role of the community health nurse in classroom teaching increased. In 1984, 405 classroom sessions were taught. A review and revision of the scoliosis screening program was completed. Hearing and vision screening programs were conducted in selected age groups. The level of immunization among the school-age population is at 98 per cent.

A review of programs and service delivery to collegiates resulted in the designation of low- and high-risk collegiates. More nursing time is given to high-risk collegiates with emphasis placed on health education and support for pregnant or parenting students. Other collegiate services include vision and hearing screening on a referral basis, information on communicable disease control and immunization, nutrition, specific medical conditions and resources in the community. In 1984, 942 home visits were made on behalf of school-age children.

Student Experience

A total of 315 students from the College of Nursing and from Kelsey Institute received their community clinical experience at the unit's health centres.

Public Health Inspection Division

The programs are aimed at eliminating or reducing environmental factors that result in disease. To achieve this, the division's goals are to promote physical, chemical, and biological health standards. Five public health inspectors and the chief public health inspector provide services from the main office. Each inspector is responsible for all services provided in his/her district.

Services and Programs

Indoor Air Quality

Complaints about indoor air quality resulted in 87 tests being conducted for airborne formaldehyde gas. Ninety-one per cent of the tests were done in private homes. The formation of a multidisciplinary indoor air quality and health group has resulted in a much more effective approach to dealing with health concerns related to indoor air quality.

Carbon Monoxide Survey

A survey of outdoor carbon monoxide levels at street level was conducted in two districts adjacent to the freeway in response to concerns from area citizens. The survey did not demonstrate the presence of excessive carbon monoxide levels during the test period.

Food Recall

Health inspectors were involved in monitoring two food recalls involving commercially prepared food products. Two hundred and fifty-eight inspections were conducted of retail outlets to ensure that all the potentially contaminated food was removed from sale.

Paddling Pools

Swimming pool regulations require the conversion of all fill and drain paddling pools to filtration and disinfection systems by Jan. 1, 1985. Saskatoon has 25 fill and drain pools with no disinfection of the water while in use, and 13 pools which are either newly constructed with filtration and disinfection systems or converted fill and drain pools. The first part of a two-year study was conducted in co-operation with the City Parks and Recreation Department. Water samples were collected daily from each pool and records kept on pool pH, disinfectant levels, and other parameters. The results indicated a water quality below minimum acceptable standards in all types of pools. Following the implementation of operational changes in 1985, better water quality is anticipated.

Swimming Pool Operators' Course

Twenty swimming pool operators attended a level one swimming pool operators' course and were certified.

Food Handler Training

Increased emphasis was placed on training individuals involved in the preparation and serving of food to the public. Staff were involved in promoting and delivering training programs. A nationally recognized training program was set up with the community college and is now a regularly scheduled course dealing with food sanitation. Ninety-three food handlers passed a six-hour sanitation training program.

Most complaints investigated concerned the condition of residential and multiple dwelling properties.

Epidemiology Division

Goals are to prevent, reduce and modify the course of diseases in the community through surveillance, investigation of outbreaks and protection of susceptible persons.

Beginning in 1984, the Saskatoon Community Health Unit became responsible for local notification of sexually transmitted diseases. Gonorrhea continued to show a slight decline with 539 cases being reported — down 12 from the previous year. Eleven cases of syphilis were

reported in 1984. Three were primary, one was secondary, and seven were reported as latent infections.

In April 1984, new laboratory tests became available which assisted physicians to diagnose Hepatitis A. This partly explains the increase in notifications, with 107 cases being reported among city residents compared with 11 in 1983 and 13 in 1982. Approximately one-half of the cases were reported in children between five and 14 years of age. Cases occurred throughout the city with little evidence of clustering beyond family groups. The Health Unit continues to investigate all notified cases of Hepatitis A on an individual basis and to determine the source/case and the contacts.

Five cases of measles were reported in 1984. Three of these were shown to have acquired their infection outside Saskatoon, while no source was identified in the other two cases. No secondary cases were reported. The measles elimination program continued in 1984 with intensive investigation and surveillance.

The central immunization clinic continues to provide immunization and advice to overseas travellers. In 1984, 3,963 clients attended the immunization clinic.

Nutrition Division

Nutrition Division services are co-ordinated by the nutrition consultant who is responsible for providing inservice education, consultation and resource materials to Health Unit staff; developing educational programs to meet the health needs of target groups of people in all stages of the life cycle; and promoting reliable nutrition information to professional groups in the community and the general public.

Inservice education programs for community health nurses were continued this year to encourage Health Unit staff to integrate nutrition into their programs. The nutritionists provided assistance concerning nutritional health problems and provided teaching ideas for programs in schools, prenatal classes, Child Health Conferences, and senior citizen centres.

In 1984, consultative services to Health Unit staff, professionals in the community, and the general public increased by 19 per cent. A steady demand from community groups resulted in priority being given to those groups who were considered to be nutritionally at risk. Forty-five programs were conducted in 1984, a 27 per cent increase over 1983.

Sixteen 20-minute media programs focused on basic nutrition concepts, food safety and

sanitation, special nutritional needs during the life cycle, and food selection.

To encourage teachers to provide more quality nutrition education, the division provided inservice workshops for educators.

The greatest increases in Nutrition Division services were in the prenatal area. In 1984, 1,129 clients were assessed (a 43 per cent increase over 1983). The prenatal nutritionist also completed 28 home visits to high risk pregnant women.

A supplementation program of milk coupons and vitamin-mineral supplements are provided to clients based on specific criteria. The prenatal nutritionist screened 175 clients of whom 83 per cent were accepted for the program.

Individual case conferences continued this year for the purpose of ensuring appropriate counselling and follow-up of all clients in the Healthy Mother, Healthy Baby program. In 1984, 69 were held compared to 11 in 1983.

Services provided to the Saskatoon Home Care District increased substantially. Two half-day inservice programs were provided to homemakers and one to Home Care nursing staff. An additional 30-hour contract training program was provided to 12 Home Care homemakers.

One community nutrition student from the University of Saskatchewan spent six weeks, and one dietetic intern from University Hospital spent one week with the Nutrition Division. This field experience is designed to provide practical experience and to acquaint students with the role of a community health nutritionist.

Health Education Division

The goals are to promote a healthy lifestyle and safe environment for Saskatoon residents by working with other divisions, community agencies, and the general public.

Inservice Education

Presentations to staff included car accidents and insurance, Saskatoon and Area Ambulance services, the Consumers' Association of Canada, Workers' Compensation, retirement and pensions, and the S.T.D. Clinic. A major evaluation was completed in the spring.

Consultative Services

There were 96 more consultations this year than last year. Revision of the prenatal programs with development of materials and review of existing and new resources were major areas of involvement.

Film Festival

Films were brought in from across Canada, and previewed throughout the year. Topics included prenatal, labor and delivery, breastfeeding, stress, sexually transmitted diseases, adolescents, and child abuse.

National Non-Smoking Week

The Saskatoon Community Health Unit continues promoting non-smoking during this week.

Canadian Council on Smoking and Health

As Chairman of the Standing Committee on Legislation, an information package on hospital policy and smoking was developed. This information was circulated across Canada. As well, various federal departments were contacted about tobacco taxation and advertising, smoking policies in the work place, smoking areas in airports and other public places, no smoking in airplane cockpits and on short flights.

Time to Quit

Work began in organizing a media smoking cessation program which will be shown on CFQC TV in 1985.

Development of Materials

Materials designed and printed include a pre-kindergarten letter advertising our services, and a "Let's Talk" pamphlet/poster promoting a workshop on health issues for the gay and lesbian community. Considerable time was spent on developing and purchasing of pamphlets for the prenatal program. Resources developed for the prenatal program include pamphlets "Having Your Baby" and a "Childbirth Book List". Work began on developing a pamphlet to promote the services of the Health Unit.

Pamphlet Distribution

Increased visibility and requests from the public and professionals accounted for a distribution increase of more than 16,000.

Resource Centre and Library

Materials were reorganized and catalogued, and circulation lists for the journals were developed and distributed.

Displays and Presentations

A display on smoking and drugs was organized for Safe Grad, and a presentation on health education was given at the Saskatchewan Public Health Convention.

Photographs of Divisions

Work continues on taking slides of each division. The bank of slides will be used in orientating agencies, students, and the public to the services of the Health Unit.

Audio-Visual Workshop

A one-day workshop was held for five new staff and a guest from Lac La Ronge. The sessions included teaching methods, use, care, and repair of audio/visual equipment and resources.

Annual Report

Two months were spent revising the report. Standards were established for divisions to use for future reports.

CHAT Newsletter

A newsletter was published advertising the three prenatal programs offered by the Health Unit which was sent to Saskatoon agencies and physicians.

Office of Program Development

1984 was the second year of operation for the Office of Program Development. The goals of this division are to research, identify, and respond to the needs of high-risk groups through appropriate programs. The program was made possible by a grant from Saskatchewan Health. Supplementary funds from the Employment Development Division of the federal government were used to hire and train three native women as community health workers. Staff of the office includes a program development officer, a part-time nutritionist, and three native community health workers.

The major activity of the office is a high-risk pregnancy program: Healthy Mother, Healthy Baby. This program was developed to improve pregnancy outcome for at-risk women. The program stems from the knowledge that many poor pregnancy outcomes are preventable, but that high-risk women often fail to seek prenatal care.

Grant money was received from the Kinsmen Foundation to fund a two-year milk supplementation project. This program provides a litre of milk per day and/or vitamins to low-income pregnant women. The project began in 1984.

An external advisory committee was created to assist in identifying needs, critiquing program activities, and planning new initiatives. Various native groups and associations were represented.

Data from Healthy Mother, Healthy Baby is being computerized and analyzed to assist in program evaluation.

4. Psychiatric Services

Objectives

To provide community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community; to encourage individual and community responsibility and participation in meeting mental health needs through services provided without disrupting people's normal daily activities and routines, and by providing a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services

should be available to all residents of the province in their own communities or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions. Recent developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Psychiatric Services Branch endeavors to measure the efficiency and quality of its programs to determine the impact of a program in the community. Measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the branch and that the highest quality of mental health services is available to Saskatchewan residents.

Historical Development of Services

1914:	The first provincial mental hospital was opened at North Battleford. Three hundred and forty-three patients were returned to Saskatchewan from institutions in Manitoba.	1950:	A psychiatric research program was established. The Public Health Department's Division of Mental Health Services became the Psychiatric Services Branch.
1921:	A second mental hospital was opened in Weyburn.	1955:	The "Saskatchewan Plan" — a treatment philosophy that emphasizes community based services as an alternative to mental institutions — was developed and became the guiding principle underlining the evolution of mental health services in Saskatchewan.
1930:	The "Munroe Wing" of the Regina General Hospital was opened to provide psychiatric services.		
1946:	Outpatient services were offered on a regular basis for the first time. A program to train school teachers and public health nurses in the principles of "Mental Hygiene" was developed.		A 39-bed psychiatric ward was opened in University Hospital, Saskatoon. The Moose Jaw Training School (now Valley View Centre) for mentally retarded persons was opened.
1948:	Psychiatric nursing as a profession was established.		
1949 to 1954:	The patient population in the two mental hospitals exceeded 4,000 persons. The number of retarded persons cared for in the Weyburn Training School increased from slightly more than 700 in 1950 to almost 900 in 1954.	1961:	A second Training School for mentally retarded persons was opened in Prince Albert (now North Park Centre). The Mental Health Act was passed replacing the Mental Hygiene Act of 1936.

- 1963 to 1970: Regionally based community services and intensive programs were developed with the aim of reducing the chronic patient populations in the two mental hospitals. Consequently, the number of patients declined from 3,111 in early 1963 to 931 by late 1970.
- 1964: The Yorkton Psychiatric Centre, incorporating innovative ideas in architectural design, was completed. The centre signified a shift away from the traditional mental hospital towards modern psychiatric centres built in association with general hospitals.
- 1969: A psychiatric centre linked closely with the Victoria Union Hospital was opened in Prince Albert.
- 1971: Saskatchewan Hospital Weyburn closed. It was converted into the Souris Valley Extended Care Hospital and an 84-bed psychiatric centre.
- 1972: The Training Schools at Moose Jaw and Prince Albert were placed under the direction of a new agency, Core Services Administration (now a branch of Saskatchewan Social Services). Core Services assumed responsibility for services to mentally retarded persons.
- 1973: The Psychiatric Nursing Training Program was initiated at the Wascana Institute of Applied Arts and Sciences in Regina. Hospital training programs were gradually phased out.
- 1976: A major plan was announced for the redistribution of psychiatric beds throughout the province. The plan would permit a more equitable allocation of regional inpatient services. It also allowed each region to become self-sufficient in dealing with mental health needs.
- 1978: A 14-bed psychiatric ward was established at the Union Hospital in Swift Current. For the first time, designated psychiatric beds existed in each of the eight mental health regions.
- Sixteen beds, designated under The Mental Health Act, were opened at Saskatoon City Hospital. A further 10 designated beds were established at the Plains Health Centre in Regina. In both instances, authority for the administration of the units remained with the respective hospital boards.
- 1979: A 22-bed psychiatric unit was opened in the Pasqua Hospital in Regina. Administrative responsibility was assumed by the South Saskatchewan Hospital Board.
- 1980: The average daily inpatient census in facilities operated by the Psychiatric Services Branch declined to 407.7 persons. Of this number, slightly over half were long-stay patients in the Saskatchewan Hospital at North Battleford.
- Construction of a new 32-bed psychiatric centre at the Battlefords Union Hospital was completed and the centre was officially opened on October 24. The first patients were admitted on January 15, 1981.
- 1981: Two new group homes were established, bringing the total number of homes in operation in the province to 10. The new homes, operated by the Saskatoon Social Development Council in Saskatoon and the Thundercreek Home in Moose Jaw, opened on June 1 and July 1 respectively.
- A Day Vocational Rehabilitation Program for 50 persons was approved for the City of Regina.
- Responsibility for the psychiatric ward in the Regina General Hospital was transferred from the branch to the Hospital Board in June, 1981.

1982:

A Day Hospital Program, providing assessment and treatment services, was established at the Yorkton Psychiatric Centre.

A new group home was opened in Lloydminster under the auspices of the Elizabeth "Libbie" Young Residential Society.

A supervised apartment-living program for mental health clients was piloted in Regina under the auspices of the Phoenix Residential Society.

A number of initiatives to improve crisis intervention services and short term supervised accommodation for difficult to serve persons in Regina got under way.

Eight new positions, including a Provincial Director of Child and Youth Services, were established to expand and improve existing mental health services to children, youth and their families across the province.

1983:

Crisis management and intervention services in Regina were expanded to include a training program for service-providers, 24-hour crisis and hostel services, case follow-up, a supervised apartment-living program, and a six-bed residential rehabilitation facility.

Implementation of the crisis management project in Saskatoon got under way.

Supervised apartment-living projects were established in the Regina and Saskatoon regions, adding another dimension to the continuum of residential services.

A comprehensive review of the final report of the Saskatchewan Mental Health Association's Task Force on Mental Health Services in Saskatchewan, released in May 1983, got under way and provided the foundation for future improvements to mental health services and programs.

\$700,000 worth of new program initiatives were approved for 1984-85 to strengthen mental health services in Saskatchewan.

Some of the specific programs and services funded included: approved home support program; apartment-living programs in Moose Jaw, Saskatoon and Prince Albert; new additional funding for the Mental Health Association for rehabilitation services; financial assistance for provincial self-help groups for members' support programs and vocational rehabilitation; a suicide prevention project in Saskatoon; financial assistance for expansion of services to autistic children and adults in Saskatoon; expanded community mental health services in Prince Albert and Lloydminster; funding for a variety of innovative mental health projects throughout the province; and funding to expand crisis management services and training programs.

Apart from these new initiatives, additional funds were provided for the crisis management programs established in Regina and Saskatoon in 1983-84.

The review of The Mental Health Act continued with particular attention to the impact of the Canadian Charter of Rights and Freedoms. In early 1984, the act was identified as one of a number of pieces of Saskatchewan legislation in need of revision to remove conflicts between provisions of the act and the new charter. A new bill, which represented a comprehensive revision of the existing Mental Health Act, was prepared and proposed for introduction in the spring (1985) session of the Legislature.

Financial assistance was provided to the Rainbow Youth Centre, a multi-service centre established in Regina in January 1984 to assist adolescents.

The anticipated increase in demand for mental health assessment and treatment services from the branch because of legislative requirements of The Young Offenders Act was extensively reviewed. An integrated implementation strategy and resources to meet the new requirements for young offenders' services were given particular attention.

Organization

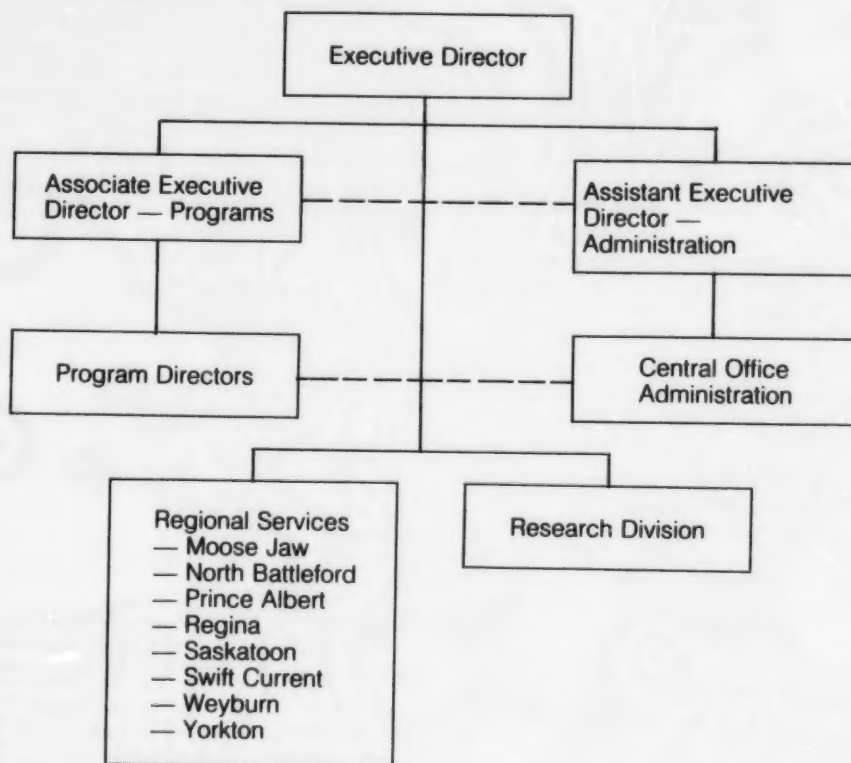
The Psychiatric Services Branch service delivery system is organized on a regional basis. The branch continues to participate in efforts to develop coterminous human service area boundaries and to work with other departments and agencies in planning and locating services.

Highlights, 1984-85

As a result of recommendations contained in the Mental Health Association's Task Force Report,

Programs in each of the eight mental health service regions are managed by chief executive officers who report to the branch executive director. Central office is responsible for overall administration, program direction and general policy formulation.

Figure 9. Organization of the Psychiatric Services Branch



March 1985

Services and Activities

Objective —

To be involved with all aspects of mental health throughout the province. Activities can be grouped into four major areas: clinical services; day hospital, rehabilitation and vocational services; residential services; and research, education and health promotion.

Improved access to services has been emphasized in Saskatchewan's eight mental health regions. The staff of each region is drawn from all of the major mental health disciplines. Services are provided by a network of full and part-time mental health clinics. Each region has designated psychiatric beds, group homes for clients in need of sheltered living accommodation, and day hospital and/or day vocational programs. The Saskatchewan Hospital in North Battleford accepts a small number of patients from other regions. Its primary role is to provide a long-term care facility for chronic patients, most of whom were admitted more than a decade ago.

The Psychiatric Services Branch also plays an important role in developing services in both the public and private sectors. The branch provides grants to private agencies and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with government and private agencies is sought at both regional and central levels.

Clinical Services

Objective —

To provide direct and indirect clinical and consulting services for people of all ages through diagnostic and treatment services for community clients, inpatient services, consultation and support services to other community agencies, and assessment services for the courts.

Services to Community Clients

In 1984, 14,368 individuals and 422 families (14,790 total) registered as clients.

In 1984, a total of 142,091 individual and family contacts were reported. On average, each registered family and individual was seen 9.6 times during the year. An additional 15,050 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 157,141 recorded clinical services were provided by branch staff. These statistics average an 11 per cent increase over services provided in 1983.

Inpatient Services

The average lengths of stay of patients separated from psychiatric wards of general hospitals, from psychiatric centres attached to general hospitals, and from the Saskatchewan Hospital in 1984 were 17.3, 25.6 and 6,265.5 days respectively. The longer stay in the latter facility reflects the larger number of long-term inpatients which it treats.

In addition to the facilities operated by the Psychiatric Services Branch, City and University Hospitals in Saskatoon and Pasqua and Regina General Hospitals in Regina operate designated inpatient units. The branch is not directly involved in the operation of these facilities. However, it does participate in the appointment of medical officers-in-charge and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provide outpatient services to patients discharged from such facilities.

Support Services to Individuals and Families

Objectives —

To provide support for individuals, families and community groups through the involvement of Psychiatric Services Branch staff; to encourage the development of community resources in co-operation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners, and thus to deliver community mental health services in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs which allow individuals to remain in their home communities and keep their families intact.

Table 22. Number of Community Clients* Served by Region, Psychiatric Services Branch, 1982 to 1984

Psychiatric region	1982	1983	1984
Total	11,407	13,049	14,790
Moose Jaw	721	800	995
North Battleford†			
— Saskatchewan Hospital	16	4	9
— Mental Health Centre	1,813	2,004	2,110
Prince Albert	2,078	2,261	2,495
Regina			
— Mental Health Clinic	1,172	1,735	2,134
— Child and Youth Services	965	1,172	1,377
Saskatoon			
— MacNeill Clinic	871	855	901
— Mental Health Clinic	1,245	1,456	1,586
Swift Current	611	639	803
Weyburn	801	895	994
Yorkton	1,114	1,228	1,386

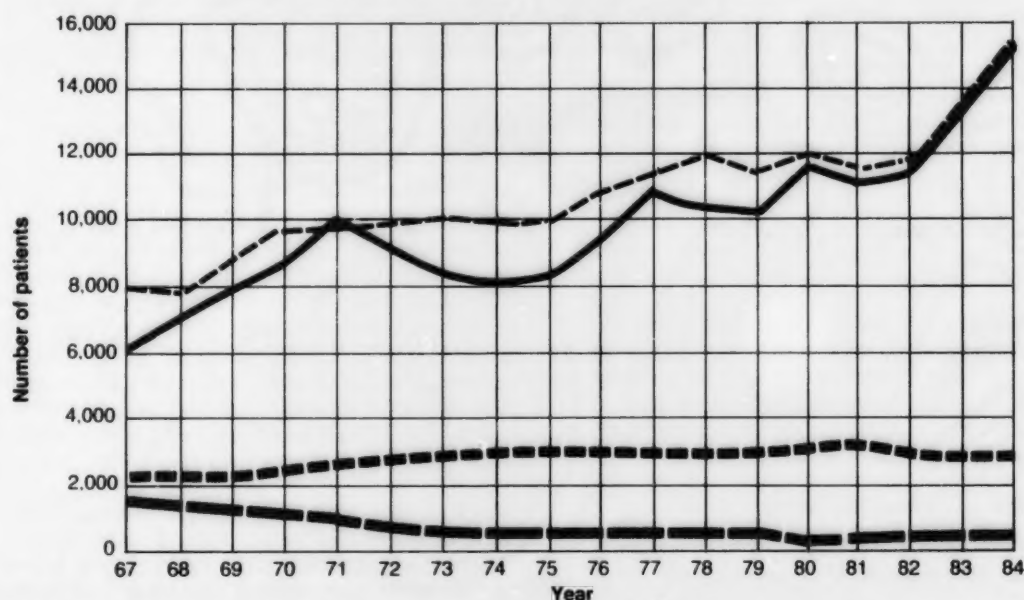
* Includes both adults and children.

† The two facilities located in North Battleford were combined prior to 1981.

Examples of such services are:

1. home based programming — includes assessment, outpatient counselling and monitoring of medication by community mental health nurses;
2. self-help groups;
3. emotional support services — the services use a variety of intervention strategies such as crisis management and individual support to alleviate emotional strain and tension. This prevents further breakdown and facilitates rehabilitation;
4. Community Friends — a program where community volunteers provide emotional support services in normal settings. This prevents breakdowns and facilitates the rehabilitation of the clients' social and emotional functioning;
5. a variety of formal and informal companionship, leisure and social support networks — these networks provide friendship, encourage the appropriate use of leisure time and offer emotional support.

Figure 10. Changes in Psychiatric Service Patterns In Saskatchewan Between 1967 and 1984



Note: Prior to 1982, the inpatient unit in the Regina General Hospital was included in the figures.

Code:

- Total Community Clients
- Total Community Contacts Divided by Ten
- ===== Total Admissions to All Psychiatric Facilities
- ===== Inpatients: Average Daily Census

Child and Youth Services

Objective —

To provide services to children and youth which enhance the mental health of both the child and family; to prevent handicapping conditions through early detection and structured intervention; and to reduce the impact of emotional and mental disorder through direct treatment and family support and, where necessary, through the least restrictive residential alternative. Co-ordination and consultation with other organizations serving children, youth and families are emphasized to help develop social networks and strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

The branch is also responsible for mental health assessment and consultation services to young offenders under provisions of The Young Offenders Act.

Table 23. Volume of Service Contacts* to Community Clients and Families by Region, Psychiatric Services Branch, 1982 to 1984

Psychiatric region	1982	1983	1984
Total	112,536	131,136	142,091
Moose Jaw	6,570	8,335	11,944
North Battleford†			
— Saskatchewan Hospital	169	17	23
— Mental Health Centre	29,052	30,335	24,267
Prince Albert	15,035	16,847	18,316
Regina			
— Mental Health Clinic	12,008	18,756	25,385
— Child and Youth Services	5,016	7,279	8,154
Saskatoon			
— MacNeill Clinic	5,714	4,864	5,358
— Mental Health Clinic	9,648	12,271	12,560
Swift Current	6,325	5,824	8,684
Weyburn	11,521	13,423	11,225
Yorkton	11,478	13,185	16,175

* Includes both adults and children.

† The two facilities located in North Battleford were combined prior to 1981.

Table 24. Movement of Inpatients in Psychiatric Facilities, Psychiatric Services Branch, 1984

	Psychiatric centres			Psychiatric centres			Sub-total psychiatric centres and units	Sask Hospital North Battleford	Total
	Weyburn	Yorkton	Prince Albert	Union Moose Jaw	Union Swift Current	Union Battlefords			
On books Jan 1, 1984	26	40	37	11	13	33	160	202	362
In hospital	16	35	37	11	13	25	137	193	330
On leave	10	5	0	0	0	8	23	9	32
Admissions during 1984	227	427	994	449	177	266	2,540	19	2,559
First admissions	75	157	319	162	149	112	974	11	985
Re-admissions	152	270	675	287	28	154	1,566	8	1,574
Separations during 1984	217	422	999	447	180	270	2,535	17	2,552
Discharges	216	420	997	447	178	270	2,528	7	2,535
Deaths	1	2	2	0	2	0	7	10	17
On books Dec. 31, 1984	36	45	32	13	10	29	165	204	369
In hospital	21	38	32	13	10	18	132	190	322
On leave	15	7	0	0	0	11	33	14	47
Total number of patient days	11,799	15,082	17,248	5,801	4,911	9,322	64,163	73,246	137,409
Average daily census	32.2	41.2	47.1	15.8	13.4	25.5	175.3	200.1	375.4
Average length of stay	48.1	30.9	17.3	13.7	26.2	29.8	23.5	6,265.5	65.1

Table 25. Children Receiving Community Services by Region, Psychiatric Services Branch, 1982 to 1984*

Psychiatric region	1982		1983		1984	
Total	2,850	(19,950)	3,314	(23,836)	3,624	(23,234)
Moose Jaw	82	(563)	125	(771)	185	(1,170)
North Battleford	412	(4,804)	497	(5,284)	404	(3,369)
Prince Albert	365	(2,292)	449	(2,899)	481	(2,755)
Regina						
— Mental Health Clinic	23	(117)	33	(150)	27	(112)
— Child and Youth Services	935	(4,836)	1,126	(7,099)	1,330	(7,890)
Saskatoon						
— MacNeill Clinic	665	(3,691)	632	(3,071)	660	(3,288)
— Mental Health Clinic	33	(200)	45	(242)	39	(230)
Swift Current	110	(1,025)	109	(928)	134	(1,190)
Weyburn	127	(1,779)	194	(2,449)	186	(1,587)
Yorkton	98	(643)	104	(943)	178	(1,643)

* Numbers in parentheses indicate related contacts with children and their families.

Table 26. Persons 65 Years of Age and Older Receiving Community Services by Region, Psychiatric Services Branch, 1982 to 1984*

	1982	1983	1984
Total	1,366 (13,200)	1,430 (15,170)	1,618 (17,609)
Moose Jaw	155 (1,392)	142 (1,760)	166 (2,325)
North Battleford	238 (2,660)	238 (2,919)	263 (2,592)
Prince Albert	217 (1,584)	214 (1,503)	240 (1,846)
Regina	100 (915)	134 (1,222)	146 (2,150)
Saskatoon	149 (1,147)	159 (1,604)	165 (1,585)
Swift Current	75 (778)	79 (768)	136 (1,362)
Weyburn	219 (2,324)	213 (2,666)	242 (2,568)
Yorkton	213 (2,400)	251 (2,728)	260 (3,181)

* Numbers in parentheses indicate number of services

Services to the Elderly

In 1984, 12 per cent of the Saskatchewan population were 65 or older. During the next 20 years, 29,000 more people will become senior citizens. Of this senior population, 60 per cent will be 80 years or older and particularly vulnerable to mental and physical disorders.

Presently the Psychiatric Services Branch sees elderly patients roughly in proportion to their frequency in the population. For example, in 1984, 1,618 elderly outpatients were seen and 441 were admitted to inpatient psychiatric centres.

As well as providing direct services to clients, the Psychiatric Services Branch provides consultation and advice to other agencies. The inclusion of Continuing Care in Saskatchewan Health in 1983 has created a closer working relationship with this branch on the management of clients with behavioral disorders who are cared for in special-care homes and Level 4 facilities.

In order to meet the special mental health service needs of the elderly, the branch employs a consultant, the Director, Mental Health Services for the Elderly, who provides a number of services:

1. public education — television and radio appearances to enhance public understanding of the elderly, particularly in relation to depression, dementia ("senility") and normal aging. Also, articles are written for such departmental projects as "Let's Talk Health";
2. advisory to special interest groups — the director works closely with professionals and special interest groups such as the Saskatchewan Gerontology Association and the Saskatchewan Alzheimer's and Related Diseases Association;
3. professional writings — the director attempts to increase public understanding by dissemination of professional articles, e.g. "Alzheimer's Disease — It's not just old age";

4. health information telephone tapes — tapes made available to the public by HITT Line include Dementia (Senility) and Depression in Old Age;

5. advice on legislation relating to the elderly — the director advises on the implication of new and proposed legislation for the elderly;

6. advice to national organizations — the director advises a number of national organizations in relation to the elderly;

7. consultation — the director provides medical advice to other doctors regarding mental health aspects of old age; and

8. university teaching — the director has a university teaching appointment as Clinical Professor of Psychiatry and takes part in teaching interns, family doctors, university students, nurses and psychiatrists in order to increase professional understanding of the elderly.

Forensic Psychiatry

Objective —

To provide services requested by the court. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an outpatient basis; some are undertaken in inpatient facilities while others take place in detention units and correctional centres. When maximum security facilities are required for assessment and psychiatric treatment, persons are referred to the federal government's regional psychiatric centre in Saskatoon.

Treatment of Offenders

Objective —

To provide offenders charged under the Criminal Code with mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the inpatient facilities operated by the branch. When more security is required than an inpatient facility can reasonably provide, other facilities, such as the regional psychiatric centre, are used.

Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity", they may be detained in custody under the authority of a warrant of the Lieutenant Governor of Saskatchewan (an Order-in-Council). During the year, one new warrant was issued and one patient was released from Order-in-Council status. The 20 persons in care on December 31, 1984 may be described as follows:

	Total	Male	Female
Total	20	18	2
Unfit to stand trial	8	8	0
Not guilty by reason of insanity	12	10	2

An Advisory Board of Review reviews the status of all persons detained under Orders-in-Council. Two reviews are conducted each year and recommendations are forwarded to the Lieutenant Governor-in-Council.

Day Hospital, Rehabilitation and Vocational Services

Mental health problems are frequently caused, worsened or unnecessarily prolonged by a lack of meaningful day-time activities. The branch provides occupational and recreational therapy programs in all regions. Day hospital services are available in all psychiatric centres and psychiatric units in general hospitals. In addition to branch services, non-government agencies provide basic activities, life skills training, vocational training and sheltered employment through contractual arrangements or government grants.

Sheltered Workshops and Activity Centres

A sheltered workshop or activity centre is a work-oriented rehabilitation facility in which clients learn work skills and are involved in producing a wide variety of goods and services. There are 40 sheltered workshops and activity centres in Saskatchewan managed by community boards. Only a small percentage of the persons attending have a history of mental health problems. The branch operates one workshop at Saskatchewan Hospital North Battleford.

Community Service Centres

Objective —

To provide the Saskatchewan Mental Health Association with an annual grant to operate four community service centres located in Regina, Saskatoon, Moose Jaw and Weyburn. These centres provide clients with social, recreational and occupational opportunities. The Mental Health Association is also responsible for the Community Friends program. Other projects and services available through the association include summer camps, training on the job, life-skills training, job placements, social action, volunteer visiting, and public education.

Self-Help Groups

The Psychiatric Services Branch has encouraged and financially supported the development of self-help groups for persons with psychiatric disorders, recovering patients and family members. A number of such groups have been formed or strengthened since 1982-83: By Ourselves, Crocus Co-operative, SHARE, Portage Project, Agoraphobics Society, Friends of Schizophrenics, Alzheimer's Association and Societies for Autistic Children. A home-based family support program for autistic children funded by Psychiatric Services Branch and provided by the Autism Resources Centre (ARC) has been highly effective in reducing institutional placement of children with autism and related communication disorders. In 1984-85, the branch provided funding to the Saskatoon Society for Autism to develop a similar program in Saskatoon for autistic children and their families, based on the Regina model.

Residential Services

Objective —

To provide support and guidance in daily living through a continuum of residential services. Services include approved homes, group homes and treatment homes, as well as supervised apartment-living programs. Payment for these services is on a fee-for-service basis using rates established under the Saskatchewan Assistance Plan.

Approved Homes

Family homes may be licensed under regulations in The Mental Health Act to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used by Psychiatric Services Branch, Saskatchewan Health, and Rehabilitation Services Division (Mental Retardation Program), Saskatchewan Social Services. These homes are examined periodically to ensure that acceptable physical standards and levels of care are being provided.

On Dec. 31, 1984, there were 408 approved homes with a total approved capacity for 1,269 guests. Occupancy involved 955 residents.

Group Homes

Group homes are established by volunteer community boards. They offer a high staff to client ratio within a family type setting. There are 11 homes in operation throughout the province: two each in Regina, Saskatoon and the Battlefords regions, and one in each of the remaining five Mental Health Regions.

Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, five volunteer boards have established supervised apartment-living programs, adding another dimension to the total continuum of residential services. A total of 71 apartment-living spaces exist in the Regina, Saskatoon, Moose Jaw, Yorkton and Prince Albert regions.

Research, Education and Health Promotion

Objectives —

To provide basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances, and to evaluate the effectiveness of services and service systems.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is increasingly being viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program in the Swift Current region. The program employs local citizens in a number of small, rural communities to provide public information, referral and liaison with the Swift Current Mental Health Centre. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs. The program was formally evaluated during 1982-83 and found to be highly beneficial at minimal cost. In 1984-85, funding was provided to establish a similar liaison program in the Prince Albert region.

Psychiatric Research

The Research Division has three sections, each of which reports to the Director of Research: Basic and Clinical Studies Section; an Analytic Mass Spectrometer Group; and, an Applied Studies Section.

The division generated 53 publications and edited five books during the 1984-85 fiscal year. The publications included: seven book chapters and review articles, 46 original papers and one patent application. Some 28 papers were also presented at national and international meetings. A complete list of publications is available from the Psychiatric Services Branch, Psychiatric Research Division, CMR Building, University of Saskatchewan, Saskatoon.

During the past year, staff in the Research Division obtained more than \$369,000 in funding from external agencies. More than \$72,000 was awarded by the Medical Research Council for continuing studies of Cerebral Trace Amines. Funding was also provided by the Medical Research Council for a study of enzymes in mental disorders.

In late 1983, the division launched a collaborative initiative with the University Hospital Department of Psychiatry called "multicentre research." This concept is a mechanism whereby a number of psychiatrists and other mental health professionals at the regional level can become more involved in ongoing research.

In addition to their active involvement in research programs, many staff serve on the editorial boards of scientific journals, participate in the process of reviewing grant applications from funding agencies and serve in a number of capacities in professional and community organizations concerned with mental health and mental health research.

Finance

Revenue — Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. However, The Mental Health Act states that a claim may be made upon the estate of a deceased person for care received in certain provincial institutions prior to May 1, 1979. The allowable claim is \$5 per day of care. Certain beneficiaries of the estates residing in Saskatchewan are exempt from this claim, including father, mother, husband, wife, child, brother or sister. Other exemptions may be considered under certain circumstances defined in the legislation.

Table 27. Collections from Estates, Psychiatric Services Branch, 1982-83 to 1984-85

Year	Number of claims	Value of claims	Amount collected
1982-83	40	1,174,407.98	258,211.02
1983-84	36	1,088,322.95	335,714.00
1984-85	47	1,414,967.35	374,755.49

Expenditures

Total provincial expenditures by the Psychiatric Services Branch for the fiscal year ending March 31, 1985 amounted to \$29,782,290. Of this amount, \$28,718,331 was expended on mental health services and \$1,063,959 on psychiatric research.

If expressed as a per capita cost for the entire provincial population, the expenditure made by Psychiatric Services Branch for mental health services, including research, was \$28.94. This per capita cost does not include payments made by the Saskatchewan Medical Care Insurance Commission to psychiatrists and other physicians in private practice or university positions.

Regional Highlights

Weyburn

A major organizational change to amalgamate the patient services areas of the Weyburn Psychiatric Centre was undertaken resulting in a better co-ordinated approach to the provision of inpatient nursing, therapy and community mental health nursing services.

A full-time community mental health nurse was located in Moosomin.

Swift Current

The South West Community Centre, operated by the Saskatchewan Mental Health Association, was established to provide social, recreational and rehabilitation services to the mentally ill.

The Child and Youth Services team initiated a peer counselling program.

Work toward accreditation continued.

Since its inception in September 1981, the Community Liaison Program has experienced a fourfold increase in the number of contacts in the six communities served by the workers.

Prince Albert

An apartment-living program was established in Prince Albert under the auspices of the Lakeland Council for Personal Development and managed by the self-help group, SHARE.

In November 1984, a Community Liaison Worker Program, similar to the one in the Swift Current region, was initiated. Part-time liaison and resource workers were employed in Carrot River, Hudson Bay, Big River and Wakaw-Cudworth.

Self-Help and Recreation Education Inc., (SHARE) received an operating grant from the Psychiatric Services Branch as well as funding for an innovative project.

Battlefords

Forty-one staff in the Battlefords region took advantage of the government's Early Retirement Program. A great majority of these individuals were employed in the nursing and support services areas at the Saskatchewan Hospital North Battleford.

Two new positions were approved for expanded community mental health services to Lloydminster, increasing the number of mental health professionals residing and providing services in Lloydminster to six.

In March 1985, it was announced that a portion of unused space at the Saskatchewan Hospital North Battleford not required by the psychiatric program would be renovated to provide secure custody spaces for young offenders.

Saskatoon

Management and operation of all residential services in Saskatoon for the mentally ill (two group homes and the apartment-living program) were amalgamated under a new board, the Saskatoon Special Needs Housing Coalition.

Funding was provided to the Saskatoon Special Needs Housing Coalition for expansion of the supervised apartment-living program.

A suicide prevention project was initiated.

Ongoing funding and support was provided to the Crocus Co-operative for operating expenses and an innovative project to develop a pre-employment vocational training program.

A grant was provided to the Saskatoon Society for Autism to expand and improve services to autistic children and adults in Saskatoon.

The crisis management project in Saskatoon became fully operational. The Saskatoon Crisis Intervention Society administers the program and provides crisis intervention, case follow-up and emergency hosting services for difficult to manage persons.

An extensive review of regional services provided by the MacNeill Clinic was initiated with the appointment of a full-time Regional Director of Child and Youth Services in October 1984.

Biggar, Kerrobert, Davidson, Kindersley and Rosetown received part-time child and youth clinics.

Yorkton

Yorkton Branch of the Mental Health Association received funding for development and delivery of a suicide prevention education program for adolescents.

Regina

Rainbow Youth Centre, a multi-service centre for youth, received financial and program support to assist with implementation of services and programs.

The Regina Branch of the Mental Health Association and the Phoenix Residential Society received innovative grants to conduct a work supervisory training program and a survey of new employment and vocational training experiences for the mentally ill in Regina.

A major committee to co-ordinate community services for the psychiatrically disabled was formed. Membership of the committee consists of representatives from the Regina Mental Health Clinic, the Members' Club and the Phoenix Residential Society.

Bi-weekly clinics at special-care homes in Regina were initiated to help reduce the need for referrals

to hospital and to strengthen support to special-care home workers.

Moose Jaw

A supervised apartment-living program was developed in Moose Jaw under the auspices of the Thunder Creek Rehabilitation Association.

The Thunder Creek Rehabilitation Association conducted a community work experience project by way of an innovative project grant.

Research

The Medical Research Council awarded funding to the division to undertake a study of Enzymes in Mental Disorders.

The Research Division applied for patents on some newly developed drugs (deuterated antidepressants).

Personnel

On March 31, 1985, the Psychiatric Services Branch had 804 established staff positions. Included in those positions are 10 psychiatrists employed on a contractual basis.

For a number of years, the branch has had difficulty attracting qualified psychiatrists to the province, particularly to the smaller rural centres. A variety of approaches have been undertaken over the last several years in an attempt to address the problem of the shortage of psychiatrists and substantial progress has been made. The branch also continues to work with the University of Saskatchewan and the private sector to develop and review a variety of other options.

As one component of a more extensive recruitment and retention strategy for psychiatrists, the branch undertook a broad based advertising campaign in January 1982 in North America, Ireland and Great Britain. Substantial improvements to contractual opportunities for psychiatrists made in 1981-82 assisted significantly in attracting interested applicants. In February-March 1982, the branch Executive Director and the Consultant Psychiatrist visited the United Kingdom to facilitate recruitment efforts and pursue proposals for alternate strategies which could be employed. The overseas trip was highly successful in that contracts were signed for virtually all of the existing vacancies in the branch, and a substantial number of enquiries from interested applicants were received.

Table 28. Summary of Established Positions, Psychiatric Services Branch, March 31, 1985

Position classifications	Total positions	Central office and related staff	Research	Regional programs	Sask. hospital
Total	804*	24	14	467*	299
Psychiatrists	42*	2	—	38*	2
Other physicians	1	—	—	—	1
Psychologists	50	2	—	47	1
Social workers	73	—	—	72	1
Community mental health nurses	63	—	—	63	—
Nursing staff	309	—	—	152	157
Therapists	41	—	—	28	13
Laboratory and technical	17	2	12	2	1
Administrative and clerical	99	18	2	58	21
Other staff	109	—	—	7	102

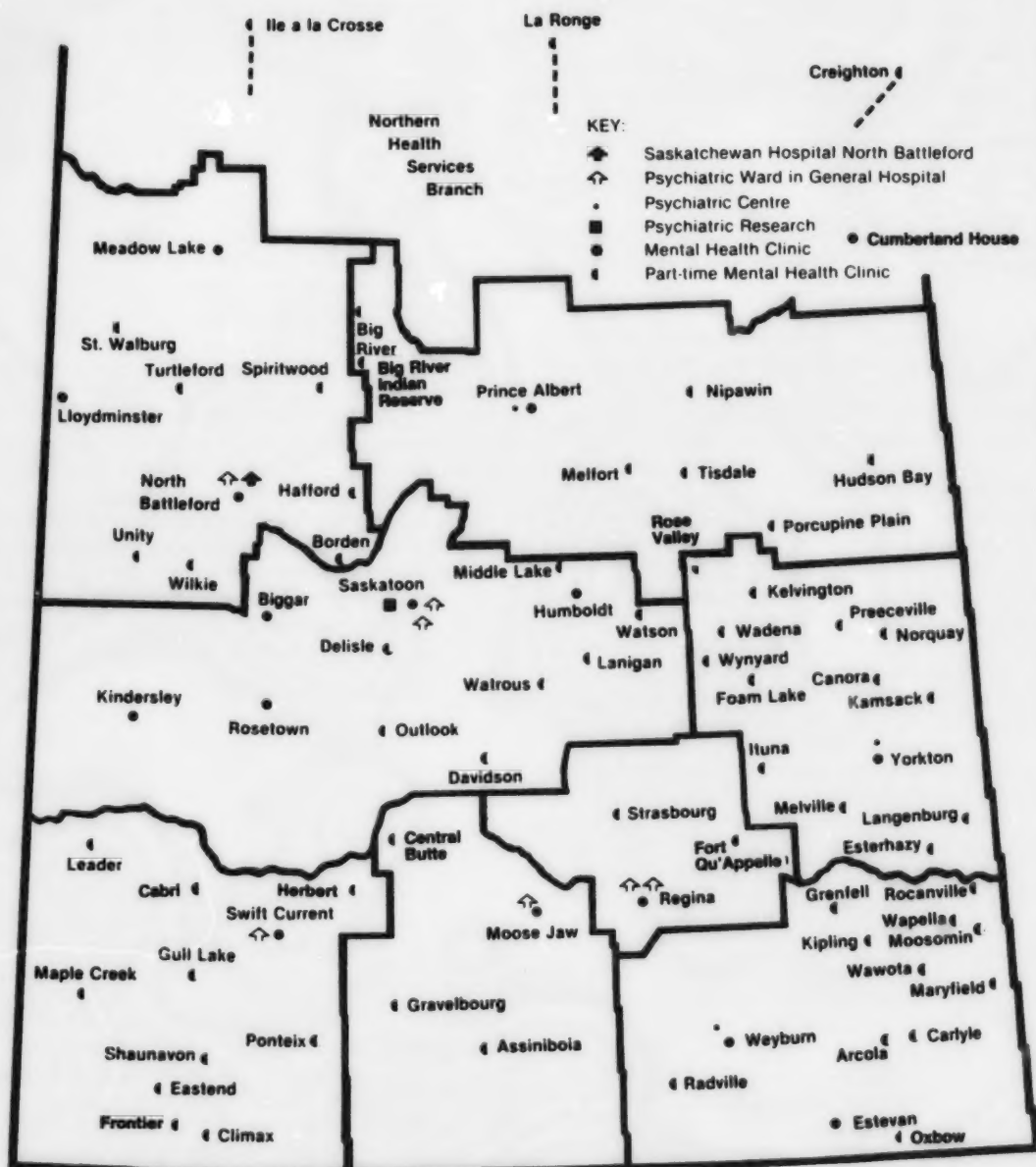
* Includes ten contract positions.

The branch has also placed new emphasis on the recruitment and retention of other mental health professionals, notably psychologists, social workers and psychiatric nurses. Recent efforts have been relatively successful, and new strategies are being developed in an attempt to make further improvements. A series of professionally printed materials for recruitment of psychiatrists and other mental health professionals were completed during this fiscal year.

The professional staff in each of the eight mental health regions include: social workers, community mental health nurses, psychiatrists, psychologists

and psychiatric nurses as well as occupational, recreational and adjunctive therapists. Approximately 220 of these employees work primarily with community based programs. Although most staff are based in or near the major psychiatric facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in: Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown, Assiniboia, Melfort and Estevan.

March 1985



March 1985

5. Continuing Care Branch

Objective

To develop, administer and co-ordinate services for those no longer able to live independently and who require a variety of support services; and to promote the highest degree of functional independence (physical, mental and social) possible for those individuals requiring care. Other objectives include the co-ordination of services and priority placements of people with the greatest unmet needs.

Continuing Care is not a single program delivered by one agency. It is an umbrella of programs and services for the elderly and disabled, provided by a number of agencies and organizations.

The philosophy of Continuing Care is based on the belief that:

— a comprehensive range of services should be readily accessible, as much as possible in or near the individual's community.

— services should be integrated and co-ordinated to ensure that individuals are referred to the program best able to meet their needs.

— administrative barriers to receiving services should be minimized.

— the service system should facilitate the free flow of individuals among services as their service needs change.

— financial incentives to seek a particular service should be minimized.

— individuals should contribute a reasonable amount to the cost of services.

— individuals should be directed to the services best able to meet their needs regardless of when, where or how they contact the continuing care system.

Consultation with Service Agencies

Although Continuing Care has the authority to monitor and enforce standards in special-care homes and the home care program, the branch's philosophy emphasizes consultation as a method of operation.

On an ongoing basis, Continuing Care consults with a variety of social service and health care agencies including the Saskatchewan Association of Special-care Homes, the Saskatchewan Home Care Association and the Saskatchewan Health-Care Association. Such agencies are consulted in the event that policy, program, regulation or other

changes affecting special-care homes or home care programs are being contemplated.

During 1984-85, the consultation process dealt with the following major issues:

- district co-ordinating committees
- home care client fees
- special-care home funding policies
- special-care home regulations
- private care homes
- home care information system needs
- possible changes in home care nursing procedures

Home Care Program

Through the Home Care Division the Branch co-ordinates the Saskatchewan Home Care Program.

Each home care district is an incorporated autonomous organization administered by a community board which is geographically representative of the district.

Purpose and Objective

To preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support, fostering the widest possible use of available individual, family and community resources.

The program is founded on the beliefs that:

- individuals can usually retain greater independence and have more control over their lives in their own homes rather than in an institution, and that
- most individuals prefer to remain at home and to receive any required services at home.

The objectives of the program are:

1. To provide needed services to people in their own homes for the purpose of:

- teaching them to care for themselves wherever possible;
- delaying or preventing functional deterioration; and
- giving support and assistance to families or friends providing care.

2. To serve as an integral part of the health and social service system by:

- delaying or preventing the entry of an individual into a special-care home or by assisting in the care of an individual until placement is possible;
- allowing earlier discharge from hospitals and reducing the frequency of readmissions;
- establishing co-ordination and referral links to enable clients and families to make the best possible use of available community services; and
- promoting the participation of volunteers in the system.

3. To improve the quality of life in Saskatchewan by:

- providing services that protect the dignity of individuals requiring services and that allow them to retain control over their lives;
- helping families shoulder the responsibility of caring for members requiring services; and
- developing an awareness of needs and resources within Saskatchewan communities.

Services

Services provided by all home care districts include nursing, homemaking, meals and home maintenance. Certain urban districts continue to provide physical and occupational therapy, social work and transportation services which were in place before the provincial home care program was established. All home care districts provide care co-ordination and assessment, and referral services to help individuals and families make use of available programs and resources. Each district is responsible for establishing volunteer services to complement the funded services.

Eligibility and Assessment

Applicants must hold a valid Saskatchewan Health Services Card or be in the process of establishing permanent residence in Saskatchewan.

When a district receives an application for services, it conducts an assessment to determine the services that are appropriate for the client. The assessment is completed prior to the delivery of any service except in emergency situations.

Client Charges

Each home care district is responsible for setting client fees. However there are a number of basic rules that apply to all districts:

- There are no fees for nursing.
- For the first \$60 of service, only 50 per cent is charged back to the client.
- The maximum monthly charge is \$250.
- Subsidies, based on income, are available for services in excess of \$60 per month.

Method of Funding

Annual grants are made to the home care districts based upon a funding formula. Each district receives \$44,940 plus \$10 per capita and \$44.78 per senior.

Payments

Continuing care paid \$17,038,114 in grants to the 45 district home care corporations in 1984-85.

Special-care Homes Program

The Special-care Homes Division has overall responsibility for the special-care home program. The division is responsible for monitoring quality of care and construction of special-care home facilities. The division is also responsible for determining approved funding levels and providing financial management services for special-care homes. The division has a program unit, a financial services unit and a planning and construction unit.

Purpose and Objectives

The special-care home program provides long-term institutional care services for Saskatchewan residents who do not require hospitalization but do require a greater degree of care or supervision than they would receive living in their own homes. Services provided range from meals, laundry services, activation and assistance with personal care to specialized nursing care with 24-hour supervision and rehabilitation therapies.

The objectives of the program are:

- (1) To ensure that resources, programs and adequate accommodation are available to meet the needs of Saskatchewan residents who require long-term institutional care, and
- (2) To ensure provision of the care, treatment and support necessary to enable residents to regain and maintain the highest possible degree of health and independence.

Legislative and Regulatory Authority

Special-care homes operate under The Housing and Special-care Homes Act, The Housing and Special-care Homes Regulations, and The Housing and Special-care Homes Care and Rates Regulations.

Facilities

At March 31, 1985 there were 139 special-care homes (including six regional facilities) with 8,741 beds. Eight hospitals in larger centres and 85 community hospitals operated a total of 572 designated Level 4 beds.

Levels of Care

The levels of care provided in special-care homes are based on the clients' assessed needs. Clients requiring Level 1 or supervisory care are those who are physically frail due to normal aging, or have some physical disability which slightly impairs their ability to care for themselves. Level 1 is primarily an accommodation rather than a care arrangement.

Clients requiring Level 2 care are those who show signs of limitation mentally and/or physically, and who require some supervision and assistance with activities of daily living. Level 2 clients may be ambulant with or without mechanical aids or may be independent in a wheelchair.

Level 3 care is intensive personal or nursing care. Mobility of clients in this category may range from ambulant to bed-fast.

Level 4 care is long-term restorative or palliative care. This level of care is for persons who do not require acute hospital care and treatment, but who require continuous medical care and 24-hour nursing care. Level 4 care is divided into three components — specialized supervisory care, supportive care and restorative care. Level 4 care is provided in regional care centres, special-care homes and in designated beds in acute care hospitals.

Levels of care are currently used primarily for statistical purposes and as a means of communication among health care professionals. Use of these level of care designations is being de-emphasized for placement and care co-

ordination purposes due to the detrimental effect that they can have on an individual.

Eligibility and Assessment

Any person requiring long-term care may apply for admission to a special-care home. Responsibility for admissions rests with the local autonomous boards of the special-care homes which conduct client assessments and prioritize applicants.

In 1984-85, many areas of the province created district co-ordinating committees to co-ordinate the long-term care services provided by hospitals, special-care homes, home care and seniors housing.

Resident Charges

Effective Dec. 1, 1983 the Housing and Special-care Homes Care and Rates Regulations were amended to provide for quarterly adjustments to the standard resident charge. The charge was set so as to ensure all single residents would have at least \$100 disposable income per month. The resident charge increases at the same rate of increase as maximum single rate Old Age Security/Guaranteed Income Supplement/Saskatchewan Income Plan payments. Increases in OAS and GIS are usually effective January 1, April 1, July 1 and October 1. The resident charge increase is effective one month later. By indexing the resident charge the disposable income of low income seniors increases by the same percentage.

Method of Funding

Special-care homes are primarily funded through operating grants provided by Continuing Care and resident charges collected by the homes. Grants for construction and renovations may be available on approved projects.

Operational Funding

Operating grants to non-profit special-care homes are based on budgets submitted by the homes for review and approval by the department. Budgets are approved based on available financial resources, and payments are made to the home on a monthly basis.

Commercial homes are funded on a negotiated fee-for-service basis. Level 4 beds in acute care hospitals are funded by Continuing Care through Saskatchewan Hospital Services Plan.

Table 29. Special-care Homes Resident Charge and Minimum Resident Disposable Income in Special-care Homes, Saskatchewan.

Date	Maximum OAS/GIS/SIP	Resident charge	Minimum disposable income
July 1, 1981	\$455.58	\$390	\$ 65.58
Jan. 1, 1983	528.22	417	111.22
Dec. 1, 1983	547.07	447	100.07
Feb. 1, 1984	554.38	453	101.38
May 1, 1984	558.61	456	128.55
Aug. 1, 1984	590.55*	462	128.55
Nov. 1, 1984	595.64*	466	129.64
Feb. 1, 1985	624.21**	469	155.21

* Includes special \$25 GIS increase.

** Includes two special \$25 GIS increases.

Construction Funding*

Construction grants are provided for special-care homes sponsored by non-profit corporations (e.g. municipalities, churches and charitable organizations). Commercial homes are not eligible for construction grants.

For new facilities, sponsors are required to provide eight per cent of capital costs, while Continuing Care provides a grant of 20 per cent of the approved project costs and Canada Mortgage and Housing Corporation provides loan guarantees and interest rate "write downs" (i.e. subsidies) to two per cent on the mortgage for the remaining 72 per cent. The amortized mortgage payments are subsequently recognized in operating costs.

* As of April 1, 1985 the construction grant formula was revised as follows:

New Facilities	
Provincial Grant	13 per cent
CMHC	72 per cent
Local Sponsors	15 per cent
Renovation	
Provincial Grant	50 per cent
Local Sponsors	50 per cent

Grants are also available to assist in financing renovations (20 per cent provincial grant) in special-care homes, and to undertake feasibility studies (40 per cent provincial grant). All construction projects must be approved by the Minister of Health.

Payments

In 1984/85 Continuing Care paid \$140,456,756 for the operation of special-care homes.

Construction grants totalled \$5 million during 1984/85.

Organization

Continuing Care is divided into three divisions. Two divisions (Special-care Homes and Home Care) have direct program responsibility. The Support Services Division provides specialized support services to the Continuing Care Division and the department. In addition the Lakeside Home in Wolseley is administered by Continuing Care.

Highlights, 1984-85

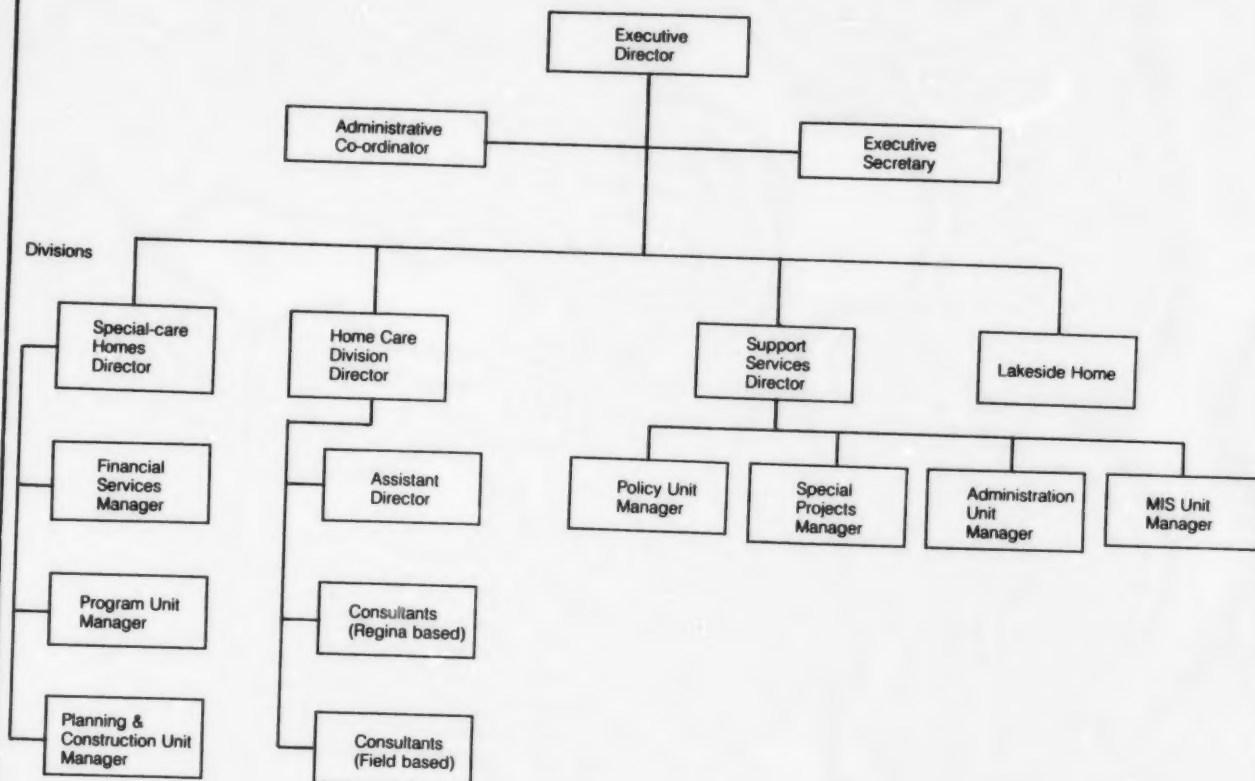
The first two years of a five-year special-care homes construction program was announced. Over the five years, in excess of 1,500 long-term care beds will be constructed throughout the province. Major objectives of the program include:

- the provision of additional beds where the needs are the greatest.
- the upgrading of existing facilities to current heavy care standards.
- to make long-term care services more accessible to residents of smaller communities.

The integrated facilities concept, calling for the integration of acute care and long-term care beds in small communities was announced. The intention of the program is to maintain the viability of small rural hospitals while improving local access to special-care services for rural residents.

A major initiative was undertaken to assist communities in developing District Co-ordinating Committees (DCCs) to promote and facilitate the

Figure 12. Continuing Care Branch — Organization Chart



March 31, 1985

co-ordination of long-term care services. DCCs are made up of representatives of hospitals, special-care homes, home care and senior citizen housing organizations involved in the provision of care. During 1984-85 most communities in the province were developing or operating a district co-ordinating committee.

The funding formula change for home care districts designed during 1983-84 was implemented in 1984-85 to reflect more accurately the large proportion of elderly receiving services.

Discussion paper on private care homes developed.

Surplus sharing policies were implemented for special-care homes and home care districts.

A review of the Home Care client fee system was undertaken with proposed changes to be implemented during 1985-86.

A capital expenditure policy for home care was implemented.

A study of the information system needs for the home care program was completed and a pilot project established for computerization in a small urban district.

A review of the Nursing Manual was undertaken in the home care program.

Many of the home care districts conducted a review of their district's program and instituted changes as a result of the review.

Special grants totalling \$249,480 were provided to 12 home care districts to serve clients requiring high service levels.

Table 30. Construction Program, 1984-85

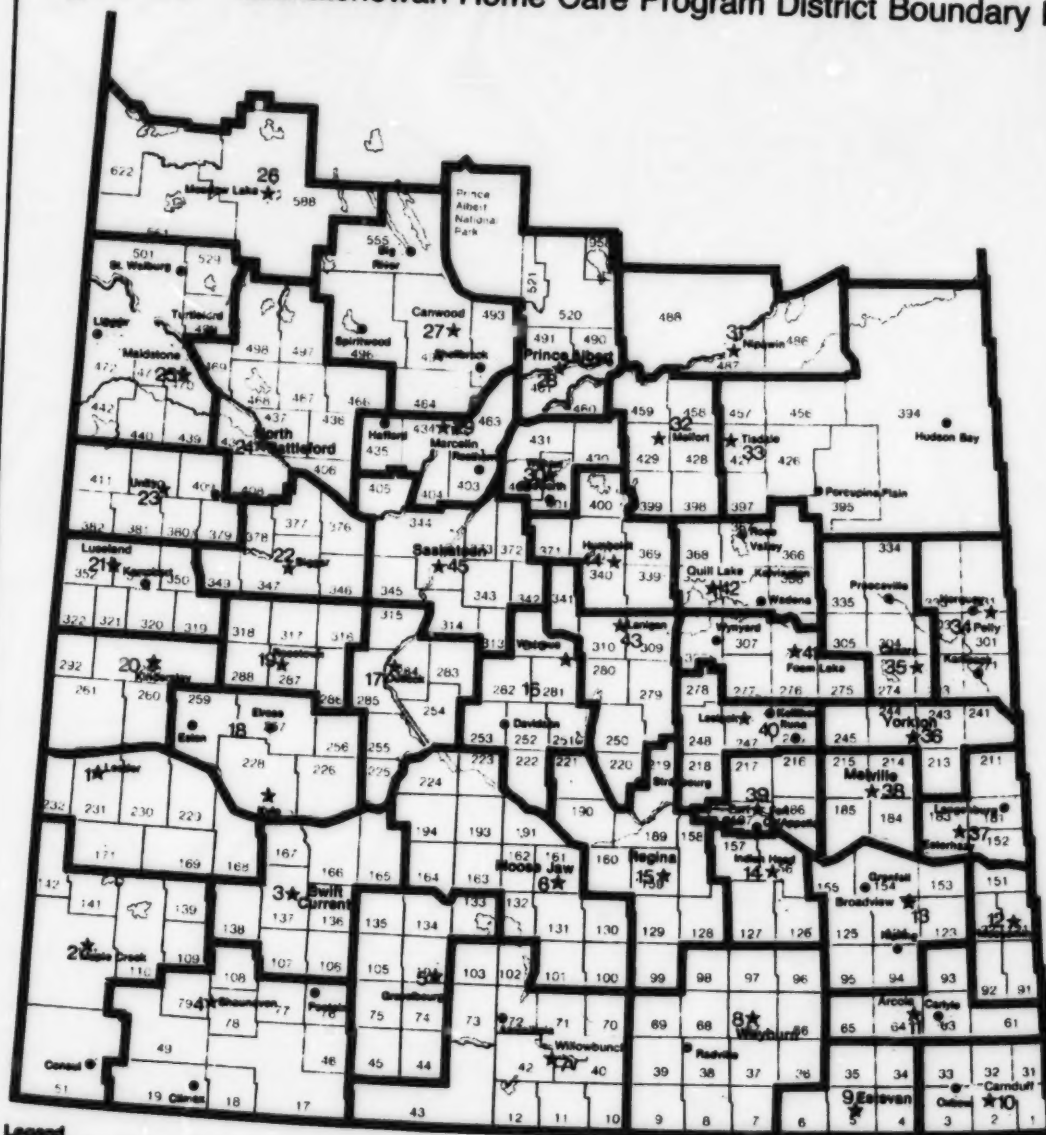
1. New Projects		Grant Paid
Davidson:	10 bed addition	\$ 188,000
Indian Head:	15 new and 2 replacement beds	250,000
Kelvington:	10 bed addition	143,000
Kindersley:	80 bed replacement facility	1,090,000
Kinistino:	14 new and 2 replacement beds	200,000
Lloydminster:	50 bed replacement facility	725,000
Outlook:	16 additional beds	229,000
Regina:	Regina Lutheran Home — 11 additional beds	97,000
Saskatoon:	Circle Drive Alliance Church — new 50 bed facility	675,000
Stoughton:	replacement of 24 beds with new 30 bed facility	445,000
Wawota:	new 30 bed facility	453,000
Total		\$ 4,495,000
2. Renovations		
Bengough:	Extension to nurses' call system	160
Eastend:	Feasibility study	941
Elrose:	Feasibility study	4,000
Humboldt:	Development of nursing station	960
Kerrobert:	Stand-by generator	5,924
Lanigan:	Roof repairs	20,000
Langenburg:	Roof repairs	5,700
Maidstone:	Fire alarm system	3,873
Moose Jaw:	St. Anthony's — day care	1,829
Moose Jaw:	Pioneer Housing — activity room	21,642
Regina:	Pioneer Village — development of day care centre	60,416
Regina:	Santa Maria — enclosure of balconies	15,343
Saskatoon:	Oliver Lodge — dining room addition	6,804
Saskatoon:	Sanatorium — fire safety regulations	89,460
Saskatoon:	Frank Eliason Centre — air conditioning	34,113
St. Walburg:	roof replacement	15,180
Total		\$ 286,345
3. Carryovers		
Biggar:	Final payment of 12 bed addition	28,966
Central Butte:	Final payment on new 30 bed facility	63,131
Cudworth:	Final payment on sprinkler system	864
Ituna:	Final payment on stand-by generator	2,558
Kamsack:	Additional grant for over-run of construction costs	11,942
Prince Albert:	Herb Basset — Final payment on 144 bed facility	60,194
Weyburn:	Final payment on replacement of 49 beds (Mount St. Mary's) with 50 bed addition to Weyburn Nursing Home	51,000
Total		\$ 218,655
4. Summary		
New Projects		\$ 4,495,000
Renovations		286,345
Carryover		218,655
Grand Total		\$ 5,000,000

Lakeside Home (Wolseley)

Lakeside Home is owned and operated by the provincial government through Continuing Care. The facility, which provides level 1, 2, 3 and 4 care, has 70 beds.

During 1984-85, planning was initiated on the replacement of the current facility with a new 80-bed home which is scheduled to begin construction in 1985-86.

Figure 13. Saskatchewan Home Care Program District Boundary Map



Legend

★ Denotes District Office Location

- | | |
|----------------------|---------------------------|
| 1 - Sand Hills | 10 - South East |
| 2 - Grasslands | 11 - Cannington |
| 3 - Wheatland | 12 - Moose Mountain Trail |
| 4 - White Mud | 13 - Pipestone Valley |
| 5 - Wood River | 14 - Squirrel Hills |
| 6 - Thunder Creek | 15 - Wascana |
| 7 - South Country | 16 - Watrous-Davidson |
| 8 - Weyburn and Area | 17 - Outlook and District |
| 9 - Estevan Area | 18 - Beechy-Eston |

- | | |
|-------------------------------|-----------------------------|
| 19 - Rosetown and District | 28 - Prince Albert Pineland |
| 20 - Wild Goose | 29 - Country Valley |
| 21 - West Central | 30 - Wakaw-Cudworth |
| 22 - Biggar and District | 31 - Nipawin |
| 23 - Greenhead | 32 - Melfort |
| 24 - Battlefords and District | 33 - Pasqua |
| 25 - Twin Rivers | 34 - Fort Pelly-Livingstone |
| 26 - North-West | 35 - Canora |
| 27 - Woodland | 36 - Yorkton |

- | |
|-------------------------|
| 37 - Potash Country |
| 38 - Prairie Land |
| 39 - Qu'Appelle Valley |
| 40 - Touchwood Hills |
| 41 - Yellowhead Emerald |
| 42 - Quill Plains |
| 43 - Langdon |
| 44 - Humboldt |
| 45 - Saskatoon |

January 1, 1985

Separate Statistical Report

The Continuing Care Branch publishes a separate statistical report. Copies are available from the Executive Director, Continuing Care Branch, T.C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

6. Saskatchewan Health Dental Plan

Prior to 1945 no major government programs were established in Saskatchewan in the area of public dental health. In 1945, the newly formed Swift Current Health Region implemented a dental care program for children up to age 12. The second major initiative occurred in 1948 with the creation of the Dental Health Division of the Regional Health Services Branch, Department of Public Health.

On Sept. 1, 1970 a demonstration project to provide comprehensive dental care to children up to age 12 was initiated in the Oxbow School Unit in southeast Saskatchewan. The goal of the program was to assess the feasibility of using dental auxiliary personnel (dental nurses and dental assistants) to provide dental services to school children. On the basis of the successful Oxbow Project, the Government of Saskatchewan announced in March 1972 that a province-wide, school-based dental program would be established to provide comprehensive dental care to children between the ages of 3 and 12.

Effective April 1, 1974 the Dental Health Division of the Regional Health Services Branch was reorganized and became an agency of Saskatchewan Health. On that date the division became known as the Saskatchewan Health Dental Plan. The Dental Plan was charged with the responsibility for administering the new dental care program.

The program began in September 1974, and children have been enrolled in the following manner:

Enrollment date	Date of birth
September, 1974	1968
September, 1975	1969, 1970
September, 1976	1967, 1971
September, 1977	1972
February, 1978	1973
September, 1978	1966, 1974
September, 1979	1975
September, 1980	1976
September, 1981	1977
September, 1983	1978
September, 1984	1979

The Dental Plan currently provides dental care to children and adolescents between the ages of 5 and 16 inclusive.

Children and adolescents enrolled in the Dental Plan have been receiving dental care primarily in school dental clinics. However, upon leaving school, these persons will be responsible for their own dental health and will need to seek care from

a dentist in private practice. A bridging program has been developed in co-operation with the College of Dental Surgeons of Saskatchewan to encourage young people to make this transition. The program provided for the majority of adolescents 14 years and over, who are enrolled in the Dental Plan, to receive care in private dental offices.

Responsibilities

The major responsibility of the Saskatchewan Health Dental Plan is to improve the level of dental health of eligible children and adolescents. Under the authority of The Dental Care Act, the Dental Plan is achieving this goal by providing basic clinical treatment services and by teaching personal oral hygiene techniques.

Other Responsibilities

1. The Dental Plan provides consultation on provincial dental matters to other agencies such as the Northern Health Services Branch, Community Health Services Branch, Medical Care Insurance Commission and the Federal Government.
2. The Dental Plan arranges for the provision of dental services in the Provincial Correctional Centres on behalf of the Department of Justice.
3. The Dental Plan administers the Supplementary Health Dental Benefits Program which provides dental care to social assistance recipients.

Separate Annual Report

Copies of program year reports (September 1 to August 31) for 1974-75 and subsequent years are available from the Executive Director, Saskatchewan Health Dental Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

A September 1 to August 31 reporting period is used because dental care is delivered through clinics set up in schools. Consequently, the service year is more closely related to the school year than the fiscal year.

7. Saskatchewan Prescription Drug Plan

Objectives

- To reduce the direct cost of prescription drugs to Saskatchewan residents.
- To provide coverage of high quality therapeutically effective drugs.
- To reduce the cost of drug materials through quantity discounts and effective price competition.
- To encourage the rational use of prescription drugs.

Eligibility

All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by federal or other provincial government agencies.

Consumer Cost

As of January 2, 1984, Saskatchewan residents pay a maximum of \$3.95 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material is paid by the Drug Plan to the dispensing pharmacy.

Prescription Requirements

A prescription order from a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

Drug Coverage

All drugs listed in the Saskatchewan Formulary are covered by the Prescription Drug Plan. The Saskatchewan Formulary is a list of over 1,630 drug products. These products are high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee, made up of representatives of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee inspects prescription drug manufacturing plants to ensure the high quality of drug products and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 each year.

Non-formulary drugs may be approved for coverage in certain circumstances under the "exception drug status" provision.

Out-of-Province

The Prescription Drug Plan pays only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

Special Coverage

Some residents are entitled to Prescription Drug Plan benefits at a reduced prescription charge:

(a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin B₁₂, and oral contraceptives. In addition, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services Division. Other formulary products are available to them at a reduced prescription charge of \$2.

(b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and persons 18 years of age or under who are dependants of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

(c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.

(d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Aids to Independent Living.

Product Interchangeability

Under the Prescription Drug Plan, pharmacists are expected to substitute lower priced products of equal quality in interchangeable drug categories to effect cost reductions. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers and distributors.

The prices listed in the Saskatchewan Formulary are determined by two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract

An SOC is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved distributors at a contracted price. They, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An SOC is usually awarded to the supplier(s) who tenders the lowest price.

In some cases, SOC's are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (MAC)

The MAC method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of \$1.00 for each package of insulin or urine-testing agent.

Oxygen Policy

Medical oxygen must be prescribed to be a benefit under the Drug Plan and may be obtained from any approved Saskatchewan distributor of medical oxygen. The Prescription Drug Plan pays for the cost of the oxygen plus the transportation

cost to a local distributor. With the exception of Saskatchewan Assistance Plan beneficiaries, the patient pays local transportation costs and the cost of cylinder rental.

Nutritional Products Policy

Certain nutritional products may be covered by the Prescription Drug Plan on "exception drug status" when certain specific disease states do not permit the utilization of food. The request for coverage must be made by the prescribing physician. If coverage is approved, the Prescription Drug Plan will reimburse the patient for 70 per cent of the nutritional supplement cost in excess of the first \$100.

Separate Annual Report

The Saskatchewan Prescription Drug Plan will publish an Annual Report for the fiscal year 1984-85. It will be available from the Executive Director, Saskatchewan Prescription Drug Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

8. Ambulance Services Unit

Road Ambulance Services

In 1982 the Ambulance Review Committee was established to review the entire ambulance program. The committee recommended the regulatory and funding functions be combined in Saskatchewan Health. Thus, the Ambulance Services Unit was formed on April 1, 1983. The consolidation of ambulance services in Health recognizes that ambulance services should be an equal member in the health care community in Saskatchewan. The Ambulance Services Unit is responsible for the air ambulance program, and acts as the lead agency in the Department of Health for emergency planning.

There are 105 ambulance districts in Saskatchewan. Each district has a board with representatives from participating municipalities. Ambulance boards are responsible for providing ambulance services in their district and for setting patient charges. Some boards provide ambulance services through a publicly operated service. Others establish a contract with a private operator.

The Ambulance Services Unit is based in Regina. However, three ambulance consultants travel throughout Saskatchewan to make vehicle and equipment inspections, and to provide advice to ambulance boards and operators.

Table 31. Provincial Grants to Ambulance District Boards 1983-84 and 1984-85

	1983-84	1984-85
Total grants	\$4.1 Million	\$4,883,201 (annualized cost)

Table 32. Road Ambulance Services, Saskatchewan, 1983-84 and 1984-85

Statistics	1983-84	1984-85
Number of licensed ambulance services	106	104
Number of licensed ambulance vehicles	180	181

Air Ambulance Service

A total of 28,365 patients have been transported between the inception of the Air Ambulance Program in 1946 and March 31, 1985. This includes 27,525 flights and 14,879,256 kilometres travelled, with no record of injury to either crew or passengers during any of the flights. Service is offered on a 24 hour-a-day, 365 days-a-year basis.

Saskatchewan Health negotiates the standard or level of service required for air ambulances with the Central Vehicle Agency of Saskatchewan Supply and Services. That agency provides the Air Ambulance Service, charging Saskatchewan Health on a cost-per-kilometre basis. The general administration of the service is handled by the Ambulance Services Unit.

The following tables compare patient, flight and distance statistics for the Air Ambulance Program for the past two years.

The number of patients carried will not necessarily be the same as the number of flights recorded because occasionally more than one patient is carried per flight.

Patients flown within Saskatchewan are charged a flat rate of \$140 regardless of distance.

The charge for out-of-province flights is 62.5 cents per kilometre flown, based on round trip distance.

Table 33. Location of Flights, Saskatchewan Air Ambulance Services, 1983-84 and 1984-85

Location of flights	Number of patients		Number of flights	
	1983-84	1984-85	1983-84	1984-85
In Saskatchewan	436	424	400	386
Outside Saskatchewan	56	49	54	50
Total	492	473	454	436

Table 34. Number of Patients Carried and Number of Flights, Saskatchewan Air Ambulance Services, 1983-84 and 1984-85

Type of craft*	Number of patients		Number of flights	
	1983-84	1984-85	1983-84	1984-85
Air ambulance aircraft	450	432	411	395
Regina based aircraft	34	33	34	33
Charter aircraft	8	3	9	8
Total	492	473	454	436

* The fully equipped ambulance aircraft and crew is located in-Saskatoon. Government-owned aircraft in Regina serve as a back-up in emergency situations. Charter services may also be utilized if the situation warrants.

Table 35. Distances Flown, Saskatchewan Air Ambulance Services (including Chartered Aircraft), 1983-84 and 1984-85

	1983-84	1984-85
Average kilometres per round trip	852	960
Number of kilometres flown	386,721	418,599
Number of flights not completed*	8	30

* Flights not completed due to unsuitable or hazardous landing situations, weather conditions, death of patients, etc.

Table 36. Provincial Expenditures and Revenues, Saskatchewan Air Ambulance Services, 1983-84 and 1984-85

	1983-84	1984-85
Provincial expenditure	\$685,018	\$874,169
Less: Provincial revenue	263,725	277,478
Net provincial cost	421,293	596,691

Emergency health supplies are positioned in 64 locations throughout the province to supplement existing medical services in the event of disasters. These supply units include the following:

— Hospital Disaster Supplies: These are issued to existing hospitals to help care for large numbers of casualties resulting from a disaster.

— 200-Bed Emergency Hospitals: These are mobile hospitals intended to function independently but whose supplies and facilities may also be used to expand the capability of an existing hospital. During 1984-85, 45 people attended a 200-bed emergency hospital familiarization course.

— Advanced Treatment Centres: These are mobile clinics to provide professional sorting of casualties after rescue.

— Casualty Collecting Units: These units are designed to provide first aid treatment at a disaster site and to direct casualty movement to treatment centres.

— Blood Donor Packs: These ensure that hospitals will have a larger capacity for providing whole blood for seriously injured casualties.

— All Purpose Medical Clinics: These clinics are intended to provide lifesaving care to seriously injured persons close to the scene of a disaster.

During 1984-85, 21 people attended a national emergency preparedness training course.

Emergency Health Services

Ambulance Services assists the Saskatchewan Hospital Services Plan in developing hospital disaster plan guidelines and in exercising hospital disaster plans. Ambulance Services is also responsible for maintaining and distributing medical supplies and equipment provided to Saskatchewan residents by Health and Welfare Canada. They also designate people to attend federal Community Emergency Disaster Planning training programs.

Table 37. Emergency Health Supplies, Saskatchewan, 1984-85

Emergency health supplies*	Number	Location highlights
Hospital disaster supply kit**	204	Located throughout the Province in 40 hospitals.
Emergency hospital***	7	Moose Jaw, Prince Albert, Regina, Swift Current, Saskatoon, North Battleford, Yorkton.
Casualty collecting unit†	16	Units are sub-divided to provide coverage at 42 locations.
Advanced treatment centre‡	8	Located throughout the Province.
Blood donor pack††	12	Located throughout the Province.
All purpose medical clinic	5	Weyburn, North Battleford, Swift Current, Regina, Saskatoon.

- * Standards are set by Emergency Health Services, Health and Welfare Canada
- ** Hospital disaster supply kits are issued, on request, to hospitals as approved by Emergency Health Services, Health and Welfare Canada.
- *** Portable emergency hospital units are located to reinforce the life-saving surgical capabilities of existing hospitals in a disaster situation.
- † Each casualty collecting unit can provide rescue and first aid treatment for 500 casualties.
- ‡ Each advanced treatment centre contains over two tons of medical supplies and equipment to assist in treating shock, hemorrhage, infection, pain and breathing difficulties.
- †† A blood donor pack is capable of collecting 100 bottles of blood.

9. Saskatchewan Hospital Services Plan

History

Documents show that a prepaid hospital insurance plan was operating in the Northwest Territories as early as 1889. During the next 58 years many local hospital insurance plans were implemented by municipalities and health regions in Saskatchewan with the Provincial health department involved primarily in the area of hospital standards. The enactment of The Union Hospital Act of 1916 encouraged municipalities too small to finance their own hospital to combine their resources to support one hospital which would serve several municipalities.

These developments were followed by the enactment of The Saskatchewan Hospitalization Act in 1946, which gave Saskatchewan universal hospital care insurance on a province-wide basis, effective Jan. 1, 1947.

Objectives

To register residents as beneficiaries of Saskatchewan health programs through the issue of Health Services cards.

To fund hospitals at a rate approved by the plan for health care provided to beneficiaries.

To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

To authorize the expansion, improvement or addition of programs in hospitals.

To provide planning and financial assistance for hospital construction.

To arrange for municipalities not subject to taxation for hospital support purposes to contribute the equivalent of two mills or more on their equalized municipal tax assessment to be distributed to eligible hospitals. This is done under the authority of The Hospital Revenue Act.

To provide consultative service to:

(a) municipalities in forming new Union Hospital Districts,

(b) Union Hospital Districts in altering the composition of the district, dissolving a district or amalgamating two or more existing districts, and

(c) Union Hospital Boards in conducting the general affairs of Union Hospital Districts.

To fund other approved facilities for insured services provided to beneficiaries.

To provide a limited custom data processing service to other government agencies.

To fund community clinics and to make payments for medical services rendered under an agreement whereby the Saskatchewan Hospital Services Plan acts as an agent for the Saskatchewan Medical Care Insurance Commission.

To provide planning and financial assistance for the development and operation of community health and social centres.

To make disbursements from the Clinical Services Fund, which funds certain service-related areas in the medical education system.

Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date they establish residence in the province and register with the plan.

Benefits

In-province benefits include inpatient care at standard ward level in acute care hospitals, outpatient services to the level that individual hospitals and certain approved outpatient facilities are able to provide and physical therapy services provided by facilities which have an agreement with Saskatchewan Health.

Benefits are not restricted by age or pre-existing health conditions.

The plan also provides benefits for services provided by hospitals elsewhere in Canada, including standard ward care at rates established by the province in which services are received and payment for outpatient services rendered that are a benefit within Saskatchewan. Authorized charges or utilization fees levied by the province in which the hospital is located are the responsibility of the individual patient.

Outside Canada payment (Canadian funds) will be made by the plan for all authorized services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, based on the average daily charge to a maximum equal to 100 per cent of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment not available in Canada, all fair and reasonable charges plus exchange will be paid provided the treatment was approved by the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Extended Care

Effective July 1, 1981 the Department of Social Services, Continuing Care Division, assumed responsibility for the provision of extended care (Level 4) services in all regional Level 4 facilities, excluding community hospitals. This responsibility was reassigned to Saskatchewan Health April 1, 1983.

As of March 31, 1985, nine regional Level 4 facilities in the province were providing 1,237 beds. General hospitals located in communities without a Level 4 facility are each allowed the option of allocating two beds for Level 4b patients (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration). As of March 31, 1985, 170 beds were available under this program.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health provide physical therapy services as a benefit of the plan.

Saskatchewan Cancer Foundation

The Foundation maintains two outpatient clinics: the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1984-85 the Saskatchewan Hospital Services Plan administered an appropriation of \$15,300,000 for cancer services.

The Foundation publishes its own annual report, which is available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Ave., Regina, S4S 6X3.

Community Clinics

During 1984-85 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. These facilities are consumer-oriented clinics operated by co-operative health associations and

their elected board of directors and offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the plan.

Community Health and Social Centres

As of March 31, 1985, 11 community health and social centres were in operation in Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

- (a) outpatient diagnostic and treatment services based on a regular visiting physician service;
- (b) an on-call nurse to provide 24-hour emergency service;
- (c) a home care program;
- (d) a social activity program primarily for elderly people; and,
- (e) regional social services.

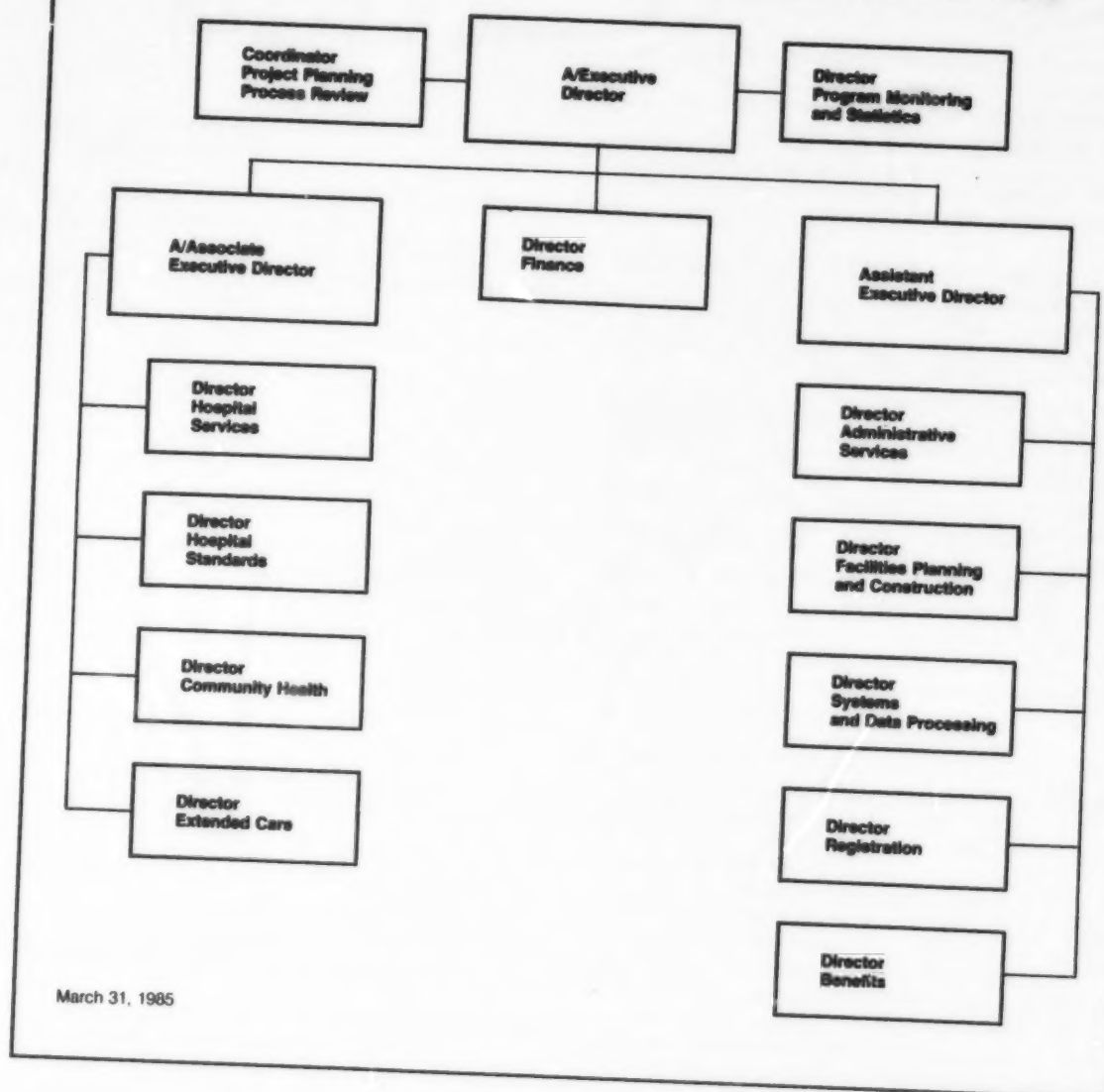
Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund, administered by the Ministers' Advisory Committee on Service Funding. The Committee is appointed by the Ministers of Health and Advanced Education and Manpower and includes representatives of Saskatchewan Health, Saskatchewan Advanced Education and Manpower, Saskatchewan Finance and the Saskatchewan Universities Commission.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1984-85 the Saskatchewan Hospital Services Plan disbursed \$10,500,000 from the Clinical Services Fund.

Figure 14. Organization of Saskatchewan Hospital Services Plan



Highlights for 1984-85

Mr. E. H. Wright was appointed Acting Executive Director.

Mr. R. A. Shaw was appointed Acting Associate Executive Director.

The Kinsmen Children's Centre at Brunskill School, Saskatoon was opened.

Special funding for long-term care services was provided to Pasqua Hospital, Regina and Regina General Hospital.

Integrated facilities at Lampman, Lucky Lake, Rose Valley and Fillmore were approved.

Construction began on a new 25-bed psychiatric ward at City Hospital, Saskatoon.

Construction continued on Phase I of the Yorkton Union Hospital expansion, an \$8,300,000 project.

Construction began on a new \$4,500,000 Regional Laundry in Yorkton, at the Yorkton Union Hospital.

Approval was given to proceed with design of a new \$700,000 Burn Treatment Unit at the Regina General Hospital.

At the Pasqua Hospital, Regina, completion of the construction of Package 3, major construction phase, with an estimated cost of \$22 million, is anticipated in the spring of 1985.

Preliminary planning began on a new 25-bed hospital, with an estimated cost of \$4,250,000 at Maidstone.

Construction began on alterations and additions to the Allan Blair Memorial Clinic, Pasqua Hospital, Regina for a new linear accelerator at a cost of \$350,000.

Major expansion and renovation at Melfort Union Hospital was completed.

Construction began on a new 70-bed hospital in Nipawin.

Separate Annual Report

The Saskatchewan Hospital Services Plan (SHSP) publishes a separate annual report. This report provides details of the plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

10. Saskatchewan Medical Care Insurance Plan

Objective

To provide a wide range of medical benefits to residents of the Province. The Plan was inaugurated on July 1, 1962 and operates under the authority of The Saskatchewan Medical Care Insurance Act, 1961.

Administration

The Plan is administered by a Commission consisting of a minimum of seven and a maximum of eleven members appointed by the Lieutenant Governor-in-Council. Two of the Commissioners are nominated by the Saskatchewan Medical Association and one by the Dean of Medicine, University of Saskatchewan. The remaining Commission members represent many disciplines and areas of residence.

Responsibilities

Regulatory powers are divided between the Lieutenant Governor-in-Council and Commission on the following basis:

1. Lieutenant Governor-in-Council Powers

— all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.

The Lieutenant Governor-in-Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

2. Commission Powers

— all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Before making any regulations altering the general rates of payment for physician-insured services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Major Features of the Plan

Eligibility for benefits for residents is solely dependent upon registration. No premiums are

levied. Persons may register by contacting the Saskatchewan Hospital Services Plan or secretaries of towns, villages and rural municipalities.

New residents to Saskatchewan are required to register for, and are provided with, benefits from the first day of the third calendar month following the date they establish residence in the Province.

Special residents such as landed immigrants and discharged members of the Canadian Forces who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive benefits from the date they establish residence in Saskatchewan.

Residents who are members of the Canadian Forces or the Royal Canadian Mounted Police and the inmates of federal penitentiaries are not eligible for benefits under the Plan. They are entitled to receive medical care under federal government programs.

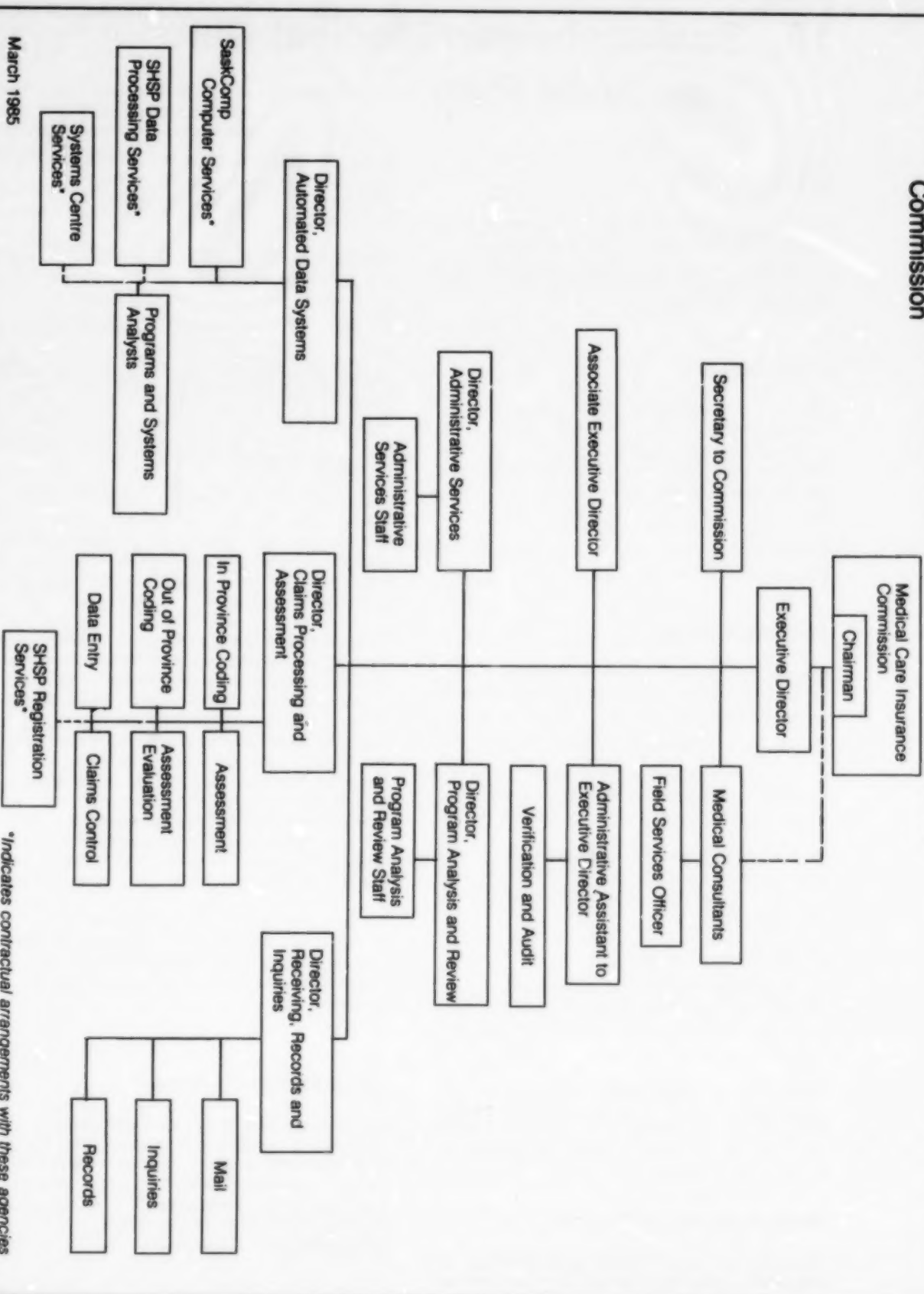
A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured services provided anywhere in the world. Payment for physician services is made on the basis of 100 per cent of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

For services provided by optometrists, chiropractors and dentists, payment is made at rates agreed to in negotiations between the respective professional organization and the Commission.

Separate Annual Report

The Medical Care Insurance Commission publishes a separate annual report. This report and information booklets may be obtained by writing to the Commission Secretary, Medical Care Insurance Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

Figure 15. Organization of the Saskatchewan Medical Care Insurance Commission



11. Saskatchewan Alcoholism Commission

Objectives

1. To promote greater community awareness of the dimensions of the problem with a view to community action as well as foster and maintain healthy attitudes and behavior patterns of the general population so as to reduce the risk of alcohol and other drug use problems.
2. To provide early intervention into abuse of alcohol and other drugs by the population at risk so as to reduce the social and emotional costs of current behavior and promote healthier lifestyles.
3. To assist, through community-based programs and co-operation with the social and legal systems, alcoholic and other chemically dependent persons, their families and associates to cease current problematic behavior and avoid recurrence of such behavior.
4. To increase awareness of the resources and alternatives available in Saskatchewan to deal with the problems relating to alcohol and/or other drug use, abuse and dependency.

Grants and Contracts

In 1984-85, the commission provided grants and contracts totalling \$3,541,980 for services provided by the following agencies:

Detoxication Facilities:

- Larson House, Saskatoon
- Detox Centre, Regina
- Angus Campbell Centre, Moose Jaw
- Walter A. "Slim" Thorpe Recovery Centre, Lloydminster

Rehabilitation Facilities:

- St. Louis Alcoholism Rehabilitation Centre, St. Louis
- Native Alcohol Rehabilitation Centres, Regina, Prince Albert and Saskatoon
- Ile a la Crosse Rehabilitation Centre

Community Education and Out-patient Facilities:

- Native Alcohol Council Out-patient and Crisis Centres, Prince Albert and Regina
- Yorkton Out-patient Centre
- Danny Fisher Centre, Kindersley

- Prince Albert Out-patient Centre
- Sandy Bay Rehabilitation Centre
- Clearwater Alcohol Rehabilitation Centre
- Pine Island Out-patient Centre
- Battlefords Out-patient Centre
- Melfort Out-patient Centre

Recovery House:

- Crysler Residence, Saskatoon
- Recovery Manor, Regina

Others:

- Native Alcohol Council (Core Fieldwork Program)
- Community Development
- The Commission also contracted to pay operating costs for Myers House in Regina, a residence providing 24-hour supervision of clients attending the Regina Rehabilitation Centre.

Organization of the Commission

The Saskatchewan Alcoholism Commission is organized into two components: Provincial Services and Regional Services.

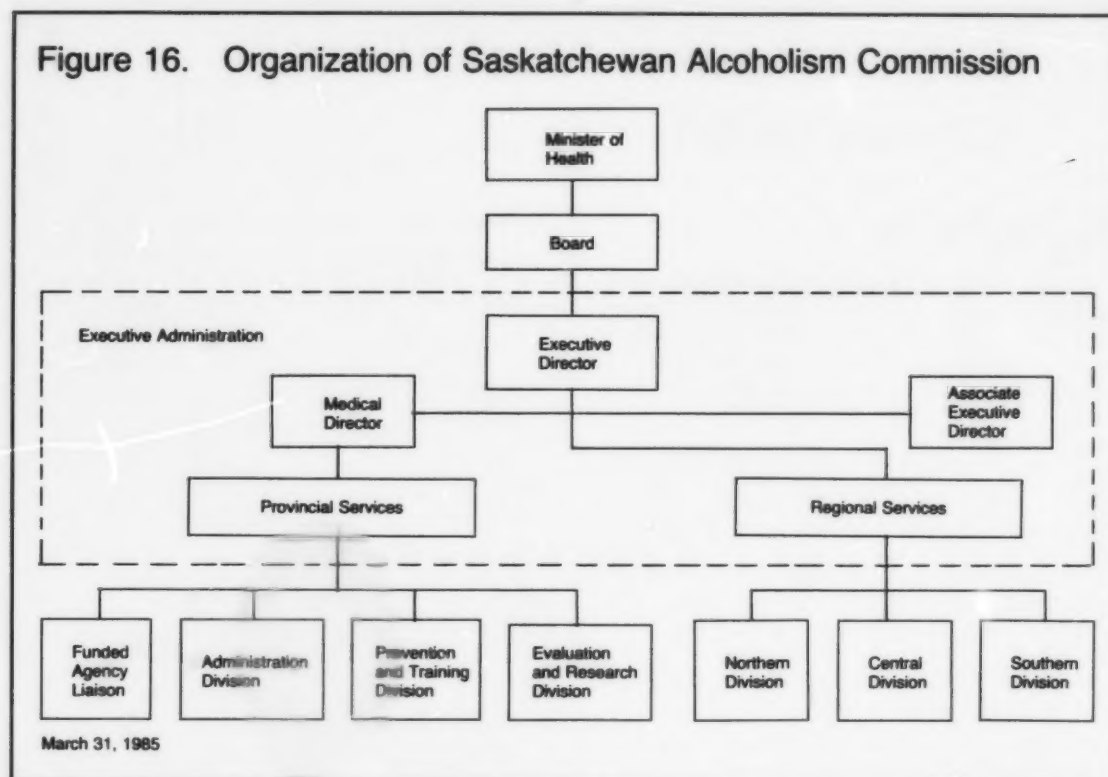
Provincial Services

The Provincial Services component consists of the Administration, Prevention and Training, and Evaluation and Research Divisions. Liaison with funded agencies is a key element of this component.

Executive Administration is responsible for executive and professional support to the Chairman and the Board and for the direction of Commission operations. Executive Administration is also accountable for the provision of medical direction and consultation to clinical programs, the management of Provincial and Regional Services, and liaison with provincial and federal agencies.

Provincial Services is responsible for providing a broad range of administrative, educational and other support services to individuals, agencies and communities. In addition to co-ordinating the activities of its three main divisions, Provincial Services is also responsible for funded agency liaison.

Figure 16. Organization of Saskatchewan Alcoholism Commission



Administration Division

The Administration Division is responsible for the administrative direction and control of commission activities including the implementation of board policies and the funding of allied agencies. It provides centralized services for accounting and personnel needs within the commission as well as maintaining budgetary and inventory control of commission resources.

Prevention and Training Division

The Prevention and Training Division is a centrally-located support group with the objective of providing information, materials and resource personnel to other Commission staff and to the general public. These goals are met by using a number of established and new strategies. While current strategies which were developed and implemented in former years are discussed in detail in the Saskatchewan Alcoholism Commission Annual Report, of special note are the new initiatives developed during 1984-85:

- The Youth Alive '85 Conference was held as part of Regina Liaison Committee activities. The commission helped plan this event.

- Globe Theatre Production of "The Good Life".

Globe Theatre completed its tour of Division III and IV schools with 44 bookings from April to

June, 1984. Educator and student survey forms were distributed to those who viewed the play to evaluate the educational effectiveness of the production.

- The Saskatchewan Alcoholism Commission Film Lending Library continued to expand in the 1984-85 fiscal year. Ninety-three films were previewed and evaluated in writing during the 1984-85 fiscal year and in August, 1984, 173 films were transferred to Educational Media Services "Dial-a-Film" for distribution purposes.

- A *Film News Memo* summarizing film evaluations and recommendations on alcohol and other drug materials was published bi-monthly. The *Memo* proved to be a valuable resource guide for interested agencies and individuals.

- During 1984-85, the commission offered a computerized literature search service, using Dialog and Bibliographic Retrieval Services (BRS). The library search service was established to facilitate access to recent research on addictions and related areas.

- Referral Agent Training courses for representatives of organizations who have developed or are considering developing Employee Assistance Programs continued in co-operation with the Universities of Regina and Saskatchewan.

Table 38. Prevention and Training Division Statistics, 1983-84 and 1984-85

	1983-84	1984-85
Print and AV distribution:		
Pamphlets	213,298	282,142
Folders/kits/manuals	1,325	1,436
Posters	4,501	4,921
Films and video tapes	2,251	739
Promotional materials (e.g. buttons, bookmarks)	3,822	39,480
Public relations:		
Written releases	10	16
Speaking engagements	37	44
Displays	31	39
Training:		
Training courses (number of days)	145	65
Practicum students	89	38
Orientation experience students	97	23
Library services:		
Requests for information	203	203
Computer searches	29	58
Interlibrary loans	118	250
Circulation (books or pamphlets)	969	1,907

— The Alcoholism Commission was represented on the Regina Alcohol and Drug Liaison Committee. The committee was organized by the Department of Education and has been in existence for three years. Their long-term objective is to provide youth and families in Regina with preventive and ongoing services which are not offered by other agencies.

— The commission was represented on the advisory committee to the University of Regina Extension Division. The objective of the advisory committee is to develop curriculum guidelines for the Certificate Program in Alcoholism/Chemical Dependencies Studies. A working group was established in 1983-84 to plan for implementation in 1985.

— The Alcoholism Commission continued to maintain representation and involvement in the Saskatchewan Council on Smoking and Health.

— The six basic knowledge training courses (Addictions 1, Addictions 2, Basic Medical Knowledge, Pharmacology, Prevention and Treatment Modalities and Addiction Training Counsellor) were offered in several centres during the year for commission and allied agency personnel.

Evaluation and Research Division

The Evaluation and Research Division is responsible for promoting, initiating and

conducting research on alcohol and other drug-related disabilities. Research is aimed at planning and evaluating programs and policies with a view to improving service delivery and counteracting alcohol and other drug abuse. To accomplish these goals, the division focusses on four main areas of work.

Policy development and analysis activities focus on the preparation of specific operational policy recommendations as well as broad research based social policy approaches to curtail alcohol availability and resultant problems.

Community information services activities focus on providing up-to-date community based alcohol and drug-related information to phone-in, walk-in and write-in clients, as well as professionals in the health, education, legal and research fields.

Management information systems activities focus on the development and maintenance of automated data systems to record and analyze program services provided by the Commission and its funded agencies.

Statistical monitoring system activities focus on the collection, compilation and analysis of a network of statistics bearing on the consumption and adverse consequences of alcohol and other drugs.

Of special note are the following activities of 1984-85:

- A comprehensive community and health region profile was developed for alcohol-related arrests, health services and hospital separations.
- A "Fast Facts" publication was developed to provide an up-to-date summary of answers to the most frequently asked questions about alcohol and other drugs.
- A statistical profile report was developed for all clients receiving treatment at the Commission's rehabilitation facilities.
- Existing management information systems were revised and updated and a new funded agency information system was implemented April 1, 1984.

Funded Agency Liaison

Ongoing liaison with the 22 funded agencies is an important function. The board-sponsored Interagency Meeting and Program Guidelines Manual assists in maintaining ongoing liaison and co-ordination with the funded agencies.

The Community Program Consultant assists with this liaison.

Regional Services

Within Regional Services, alcohol programs are co-ordinated by three divisions, North, Central and South, which are subdivided into community services and rehabilitation units.

The major direct delivery system of the commission is Regional Services. It is organized into three geographic divisions (Northern, Central and Southern) whose main functions are community services and rehabilitation.

Community Services

The purpose of community services is to promote an awareness and understanding of the extensive problems associated with chemical use, and to mobilize Saskatchewan communities into action against alcohol and other drug abuse problems. Through co-ordinators in 15 regions, Regional Services extends the resources of the commission and works with communities in developing and utilizing a co-ordinated teamwork approach to enable them to deal with the problems related to all forms of drug abuse.

Of special note are the following activities during 1984-85:

- Community Development: Programs for parents and youth continued to receive high

priority. As a result, programs such as "Another Chance" (programs for parents with drug and alcohol abusing youth) as well as Families Anonymous experienced an increase in referrals. Other specific programs receiving regional staff assistance included Drug Awareness Week, involvement in Safe Graduation programs, and the ASK (Addiction: Services and Knowledge) and SCOTT (a peer counselling program at Scott Collegiate, Regina) programs for high school students.

The regional staff continued to work extensively with community resources such as educational committees, all levels of the school system, employers, unions, churches, service clubs, the justice system, social services and self-help groups. The regional staff assisted in the co-ordination of community education programs, acted as resource people, and provided resource materials such as displays, posters, pamphlets and films. Of special note was the solvent abuse workshop held in La Ronge for professionals and agencies.

- Follow-up Services: The Impaired Driver Treatment program (IDTP) operated in the Central and Southern Regions. It provided follow-up services to 618 clients, as well as family members through individual, family and group counselling. The three participating agencies, the Saskatchewan Alcoholism Commission, the St. Louis Treatment Centre and the Department of Justice (Probation Services), worked co-operatively to review and refine the program.

Rehabilitation Services

The purpose of rehabilitation services in the Central and Southern Divisions is to co-ordinate, promote and conduct programs for treating and rehabilitating those abusing or dependent upon alcohol and/or other drugs. As a component of the rehabilitative process, education and support services are also provided to collaterals such as clients' spouses and children. In addition, the division provides learning experiences for students from the university and vocational schools as well as the staff of agencies working in the chemical dependencies field.

The treatment program has placed a greater emphasis on relapse prevention through lecture programs and relapse prevention programming.

Of special note during 1984-85 is the continuing increase of youth-related requests from youth, parents, schools and other agencies.

Table 39. Community Services Statistics, 1984-85

	1984-85
Client caseload	
Addicted	618
IDTP	519
Collateral	192
Total new caseload	1,329
Community activities:	
Community contacts	5,346
Community presentations	828
audience	29,738
Community workshops/seminars	181
audience	10,177

Facilities Operated by the Commission during 1984-85:

Regina Rehabilitation Centre, 2140 Hamilton Street, Regina: This Centre provides in-patient and out-patient programs. During treatment, patients reside in Myers House. Staff at the Centre also supervise a methadone program, with methadone dispensed at the Regina General Hospital.

Calder Centre, 230 Avenue R South, Saskatoon: The Calder Centre provides a 40-bed in-patient and day-patient program for addicted clients and their families as well as in-patient and out-patient programs for youth. The Centre has an in-patient capacity for 25 patients and 15 spouses.

Calder Out-patient Clinic, 224 - 4th Avenue South, Saskatoon: The clinic provides group and counselling support services on an out-patient basis to addicted clients and family members. It also co-ordinates the V.R.C.P. program for the rehabilitation clients in Saskatoon.

Table 40. Rehabilitation Caseload, Saskatchewan Alcoholism Commission and Funded Agencies, 1984-85

	Addicted	Non-addicted	Total
In-patient:			
Male	3,682	59	3,741
Female	1,206	273	1,479
Total	4,888	332	5,220
Patient days	71,505	4,245	75,750
Day-patient:			
Male	82	4	86
Female	19	36	55
Total	101	40	141
	1,500	365	1,865
Out-patient:			
Male	1,499	129	1,628
Female	790	517	1,307
Total	2,289	646	2,935
All clients:			
Male	5,263	192	5,455
Female	2,015	826	2,841
Total	7,278	1,018	8,296
Patient days	73,005	4,610	77,615

Other programs of an educational nature which rehabilitation services provide in Central Region include the Youth Program (Day and Live-in):

Youth Program	1984-85
In-patient:	89
Day-patient:	39
Total:	128

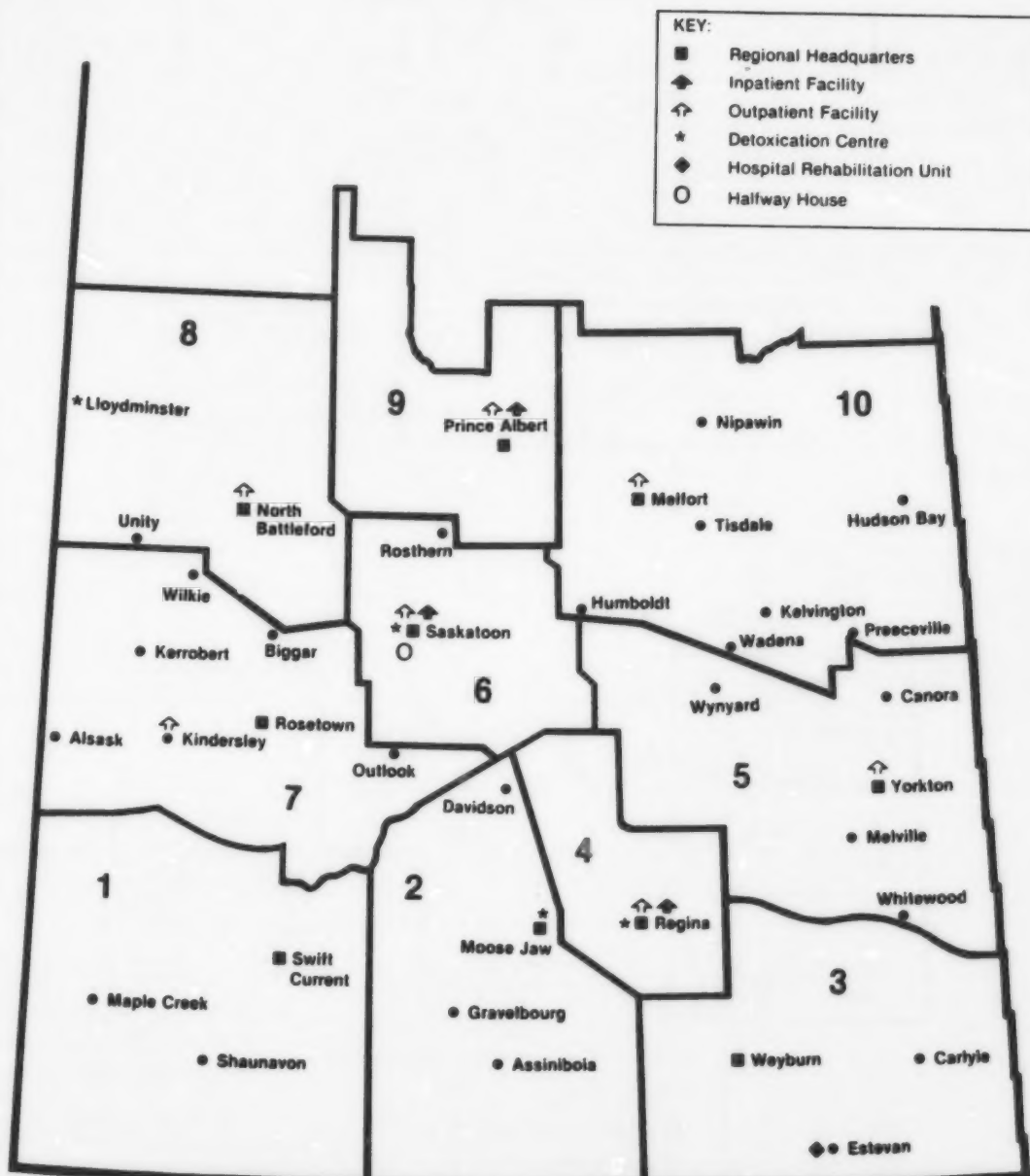
Highlights, 1984-85

- The Saskatchewan Alcoholism Commission instituted a third party agency computer information system on April 1, 1984. This system allows the commission to receive aggregate data on all clients treated by the funded agencies. As the computer system for clients treated by the commission's own treatment facilities and the St. Louis Alcoholism Rehabilitation Centre were already in place, the commission now has access to aggregate data on all clients treated by the commission and its funded agencies. This together with the data obtained from SHSP, MCIC and Psychiatric Services Branch enables the commission to develop a province-wide picture of the treatment of addictions in Saskatchewan.
- The Board of the Commission instituted an editorial committee for the development of the Board Orientation Manual. This manual was completed by the Editorial Committee, approved by the board and distributed throughout the province. The manual outlines the role and functions of a community-based board.
- Funding for Recovery Manor was transferred to the Alcoholism Commission from Social Services on July 1, 1984. This facility is a halfway house situated in Regina.
- International Minerals Corporation launched their Employee Assistance Program which was developed following consultation with the Alcoholism Commission and the Alcoholism Foundation of Manitoba. This represents the first time that the two provincial agencies have worked together with a private organization in the development of an Employee Assistance Program.
- The Board of the Saskatchewan Alcoholism Commission developed an ad hoc committee to draw up guidelines for the initiation of a Practice Enrichment Award. This committee is hoping to finalize the arrangements for the award in order to launch the award in the fall of 1985.
- The Northern Needs Study was completed during the year and distributed throughout the North. The report provides basic recommendations which the study group suggests should be followed when alcohol and drug programs are developed in the North.
- "Fast Facts", a publication which highlights data relating to alcohol and other drug use and abuse in Saskatchewan was developed by the Evaluation and Research Division and distributed to interested parties.
- The Prevention and Training Division undertook an extensive review of future printed material requirements and began the development of several new publications.
- The Calder Out-patient Centre moved to its new site at 224, 244 - 4th Avenue South, which enables the commission to offer an easily accessible service in comfortable surroundings.
- The Board of the Saskatchewan Alcoholism Commission continued its policy of holding several of its monthly meetings outside the cities of Regina and Saskatoon. During the year meetings were held in La Loche, Lloydminster, and Melfort.
- The Third Annual Interagency Meeting was held in Saskatoon in June. Representatives of all the funded agencies as well as commission board and staff attended the meeting.
- Alcohol use in Saskatchewan appears to have stabilized. The prevention and intervention activities undertaken by the Saskatchewan Alcoholism Commission and its funded agencies must take partial credit for this situation.
- Major areas of concern to which the commission is concentrating its attention include the areas of the use and abuse of alcohol and other drugs among youth, the increasing incidence of dual addiction and the relatively young age of the commission's and the funded agencies' clients. During 1984-85, 25 per cent of the clients admitted to commission and the funded agencies' facilities were under 25 years of age.

Separate Annual Report

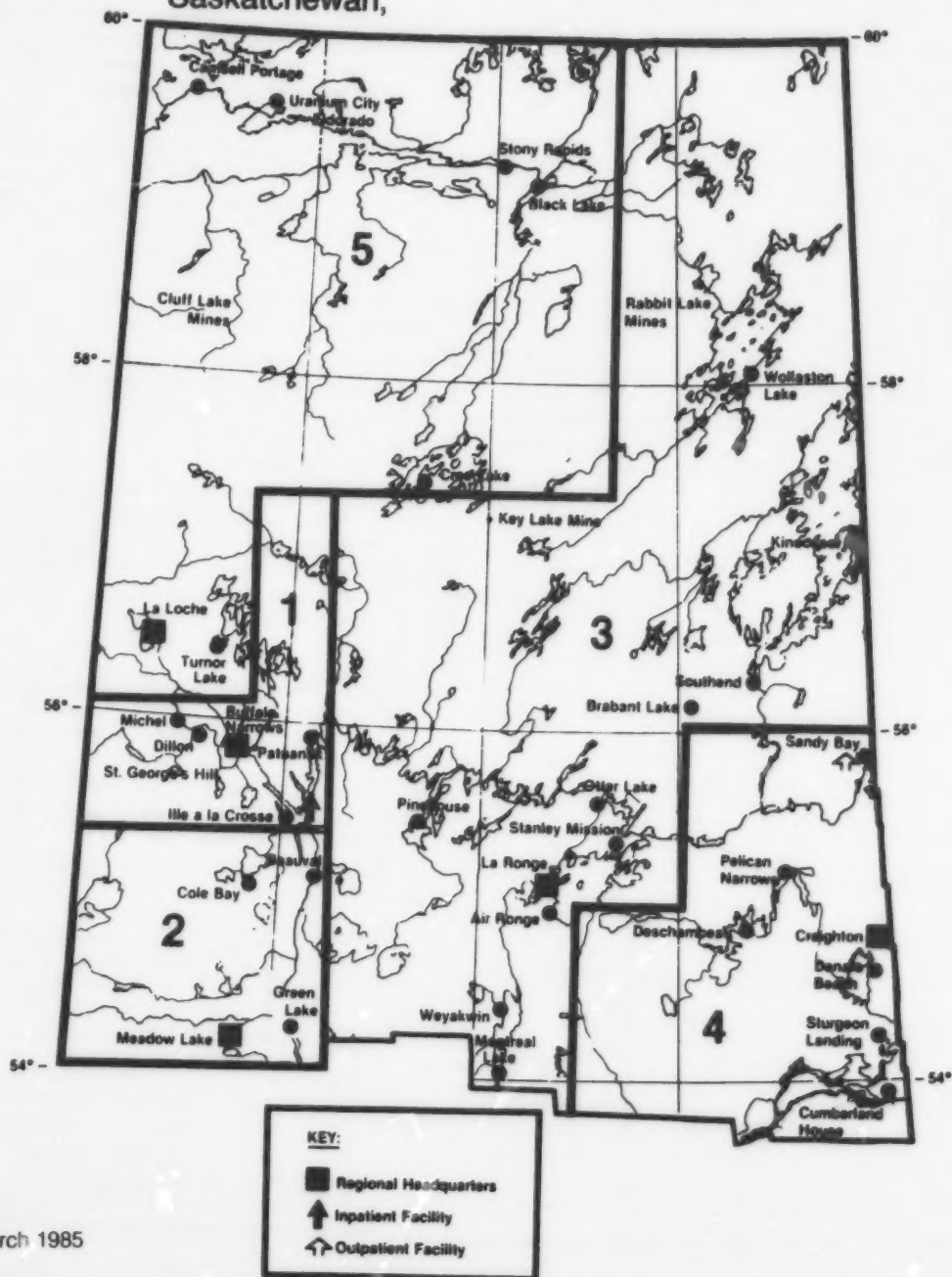
A comprehensive annual report is published by the Saskatchewan Alcoholism Commission. For more detailed information, contact the Saskatchewan Alcoholism Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

Figure 17. Regional Alcoholism Facilities in Southern Saskatchewan,



March 1985

Figure 18. Regional Alcoholism Facilities in Northern Saskatchewan,



12. Provincial Laboratories

Objective

To provide health-related tests for a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals. They also provide most of the laboratory tests required by Saskatchewan Environment. The information obtained from these tests assists in the prevention, diagnosis, and treatment of illnesses of individuals resident in any part of the Province. These tests supplement services provided locally.

Demands for laboratory services have steadily increased over the years. In 1958-59, when the present laboratory was occupied, 43 staff received and tested 159,000 specimens. In 1984-85, 90 staff members received 706,300 specimens for testing.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. To minimize the interval between mailing of a specimen and receipt of a report, the laboratories operate six days a week. Mail and bus express packets are collected twice

daily. Many specimens are delivered directly to the laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Protective services required delivery of 3.6 per cent more work units in 1984-85 than in the previous year while diagnostic services required an expenditure of 6.5 per cent more work units.

Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate faulty but compensatable metabolic disorders, or detect dangers to the community and/or the environment.

Table 41. Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan, 1983-84 and 1984-85

Services	Specimens (thousands)		Units of work (thousands)		Annual per cent change
	1983-84	1984-85	1983-84	1984-85	
Total services	693.1	706.3	13,915	14,726	+5.8
Protective services:					
Water — Private wells and swimming pools	107.3	109.1	3,253	3,369	+3.6
	15.8	15.7	341	341	
— Municipal systems	12.3	12.3	160	160	
— Commercial chemical	3.2	4.3	434	492	
— Environment Department	2.7	1.7	429	449	
Air samples and urea formaldehyde	0.6	0.4	10	7	
Dairy and food	7.9	7.5	576	591	
Screening tests:					
Neonatal — PKU	18.1	18.6	130	138	
— Hypothyroidism	18.2	20.8	184	186	
Prenatal-prenatal-rubella	27.0	26.4	810	791	
Post-mortem — toxic substances	1.5	1.4	179	214	
Diagnostic services:	585.8	597.2	10,662	11,357	+6.5
Microbiology	291.3	293.7	6,738	7,009	
Chemistry	294.5	303.5	3,924	4,348	

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1984-85, 12,294 water samples from municipal distribution systems, 14,354 water samples from private wells and 1,302 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,340 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 1,742 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 47 washings from areas adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 382 samples of air washings from foam insulated homes were analyzed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 605 samples of selected fish from Saskatchewan lakes and rivers were submitted by Saskatchewan Environment and Saskatchewan Tourism and Renewable Resources for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.50 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. Dairy product samples totalling 7,185 were tested at the Provincial Laboratories in Regina while another 610 were examined for the Provincial Laboratories at the Dairy and Food Science Laboratory of the University of Saskatchewan in Saskatoon.

The Provincial Laboratories conduct four screening programs, three to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 18,607 samples tested for PKU indicated two infants were born with PKU in 1984-85. The 18,530 samples screened for hypothyroidism led to identification of seven bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small, screening is cost-effective because life-long support for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the seven per cent of women of

childbearing age who lack protective antibodies, 26,378 premarital and prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs.

Toxicological laboratory tests are performed to assist in medicolegal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 512 fatal cases required 1,356 specimens to be searched for toxic substances.

The laboratories provide a 24-hour poison identification service to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such specimens included examination of 4,781 samples. Findings are telephoned when requested within minutes or hours of receipt of specimen.

Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the drive to minimize hospital admissions or lengths of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain, and expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to a larger laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are borne by the Provincial Laboratories. In 1984-85, 5,458 specimens were referred to other laboratories at a cost of \$21,511.

Demand for diagnostic services was 6.5 per cent higher than last year (for microbiology services four per cent and for chemistry, 10.8 per cent.)

Table 42. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1983-84 and 1984-85

Diagnostic service	Specimens (thousands)		Work units in (thousands)		Annual per cent change
	1983-84	1984-85	1983-84	1984-85	
Total	585.8	597.2	10,662	11,357	+ 6.5
Microbiology	291.3	293.7	6,738	7,009	+ 4.0
Syphilis	69.2	65.7	492	459	
Gonorrhoea	8.3	5.6	81	63	
Sore throats	36.5	36.5	256	256	
Boils, wounds, tissue, blood and CSF	46.1	49.0	1,458	1,527	
Media preparation	—	—	548	581	
Urinary tract	59.8	62.6	719	755	
Gastroenteritis	11.8	11.2	532	524	
Tuberculosis	2.4	2.5	133	143	
Parasites	8.5	9.7	339	386	
Fungal infections	2.4	2.8	263	297	
Rheumatic fever and collagen disorder	25.5	27.1	820	877	
Virus infections — for isolation	8.0	9.9	512	561	
— for rubella serology	5.1	4.7	248	230	
— for other serology	7.7	6.4	337	350	
Chemistry	294.5	303.5	3,924	4,348	+ 10.8
Radioimmunoassay*	146.5	150.6	1,980	2,000	
Enzymes-Metabolites — Drugs**	134.9	139.0	1,330	1,649	
Urine hormones	3.8	3.6	417	456	
Trace metals in blood and urine	2.4	1.5	24	17	
Quality control — hospitals	2.5	3.3	146	193	
Referrals — other laboratories	4.4	5.5	27	33	

* See Table 44.

** See Table 45.

Services to Diagnostic Laboratories

In addition to providing, free of charge, tests needed in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Reference and check samples are mailed out each month to 123 hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Finally, blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly-described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

Table 43. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan, 1983-84 and 1984-85

Microbial pathogen	1983-84	1984-85	Microbial pathogen	1983-84	1984-85
Bacterial pathogens:			Virus isolations:		
<i>Campylobacter</i> (3 species)	187	151	Adenovirus	216	281
<i>Clostridium difficile</i>	n/a	30	Coxsackie A virus (9)	1	17
Enteropathogenic <i>E. coli</i>	5	6	Coxsackie B virus (2,5)	—	53
<i>Neisseria gonorrhoeae</i>	—	—	Cytomegalovirus	—	5
Cultures	604	879	Echo virus (6,9,11,14,22)	57	22
Films	823	413	Herpes virus	257	211
<i>Salmonella</i>	—	—	Influenza A virus	—	1
<i>-bovis morbilicans</i>	3	10	Picornavirus (EM only)	209	186
<i>-bredeney</i>	6	6	Poliovirus (nonparalytic)	17	23
<i>-enteritidis</i>	12	28	Reovirus	6	—
<i>-haardt</i>	1	5	Rotavirus	492	438
<i>-heidelberg</i>	6	7	Other and Unidentified	22	80
<i>-infantis</i>	44	17	Virus serology:		
<i>-java</i>	2	6	Adenovirus	8	10
<i>-newport</i>	5	5	<i>Chlamydia trachomatis</i>	97	277
<i>-schwarzengrund</i>	2	4	Epstein-Barr virus	—	1
<i>-saint-paul</i>	24	17	Hepatitis A	32	416
<i>-thompson</i>	7	9	Hepatitis B	81	97
<i>-typhi</i>	—	1	Influenza A	3	4
<i>-typhimurium</i>	415	195	Influenza B	1	—
<i>-other</i>	89	45	Mumps	2	1
<i>Shigellae</i>	—	—	<i>Mycoplasma pneumoniae</i>	9	8
<i>-flexneri</i>	170	82	Rubella	19	—
<i>-sonnei</i>	24	116	Other	14	6
<i>Treponema pallidum</i> serology	354	256	Fungal infections:		
<i>-from premaritals</i>	13	11	<i>Alternaria</i> species	n/a	36
<i>-from prenatals</i>	17	20	<i>Aspergillus</i> species	n/a	83
<i>Yersinia enterocolitica</i>	22	9	<i>Candida albicans</i>	86	81
Protozoan parasites:			<i>Cladosporium</i> species	n/a	14
<i>Chilomastix mesnili</i>	9	11	<i>Epidermophyton floccosum</i>	19	23
<i>Endolimax nana</i>	44	51	<i>Malassezia furfur</i>	56	68
<i>Entamoeba</i>	—	—	<i>Microsporium canis</i>	18	20
<i>-coli</i>	147	199	<i>Penicillium</i> species	n/a	12
<i>-hartmanni</i>	3	6	<i>Scopulariopsis</i> species	n/a	15
<i>-histolytica</i>	6	8	<i>Trichophyton</i>	—	—
<i>Giardia lamblia</i>	329	377	<i>-mentagrophytes</i>	113	94
Helminthic parasites:			<i>-rubrum</i>	90	95
<i>Ascaris lumbricoides</i>	5	7	<i>-verrucosum</i>	26	41
<i>Clonorchis sinensis</i>	4	—	Other	n/a	30
<i>Diphyllobothrium latum</i>	16	11			
<i>Enterobius vermicularis</i>	3	11			
<i>Hymenolepis nana</i>	6	4			
<i>Necator americanus</i>	2	1			
<i>Trichuris trichiura</i>	9	2			
Other	3	6			

Table 44. Radioimmunoassays, Provincial Laboratories, 1983-84 and 1984-85

Name of test	Number of Tests* in thousands	
	1983-84	1984-85
Total radioimmunoassays	243.4	249.4
Cortisol — serum	5.0	4.7
Digoxin	16.2	16.3
Estradiol	0.9	1.3
Ferritin	0.3	0.9
Follicle stimulating and luteinizing hormone (FSH & LH)	5.9	6.3
Growth hormone (HGH)	0.4	0.4
Hepatitis A — IgM antibody to virus	0.2	0.8
Hepatitis B — surface antigen	4.8	5.3
— antibody to surface antigen	1.6	1.2
— e-antigen/antibody	—	0.2
— IgM antibody to core antigen	—	0.1
Immunoglobulin E (IgE)	0.6	1.3
Insulin	0.3	0.1
Parathyroid hormone (PTH)	0.3	0.3
Progesterone	0.9	1.4
Prolactin (HPL)	3.2	4.1
Testosterone	1.9	2.3
Thyroid stimulating hormone (TSH)	6.8	8.7
TSH — neonatal	2.1	2.3
Thyroxine — neonatal	18.2	18.5
Thyroxine — other (T ₄)	89.4	86.7
T ₃ uptake	62.8	60.8
Triiodothyronine (RIA)	2.5	3.4
Urinary free cortisol	0.3	0.8
Vitamin B-12, folate	18.8	21.2

*Tests do not include standards, controls nor repeats.

Table 45. Enzymes, Metabolites and Drugs, Provincial Laboratories, 1983-84 and 1984-85

Name of test	Number of tests* in thousands	
	1983-84	1984-85
Total enzymes-metabolites-drugs	218.1	247.8
Acid phosphatase	6.5	7.6
Alanine aminotransferase (ALT)(SGPT)	1.3	0.9
Alcohol	1.7	2.1
Amylase	3.6	3.7
Asparate aminotransferase (AST)(SGOT)	1.5	1.0
Barbiturates	0.5	1.4
Bilirubin — total	0.5	1.0
Carotene	0.5	0.5
Cholesterol — total	5.2	7.8
Cholesterol — HDL	1.7	4.4
Creatinine (urine)	4.1	3.7
Creatinine phosphokinase (CPK)	6.8	4.9
Dilantin	4.7	4.9
Electrolytes	3.0	3.6
Glucose	5.9	5.8
Glycosylated hemoglobin	2.1	3.6
Iron	10.9	11.9
Iron binding capacity	11.0	11.9
Lactate dehydrogenase (LDH)	1.8	1.1
Lipoprotein electrophoresis	1.0	1.1
Lithium	3.2	3.3
Opiates	0.5	0.6
Phenobarbitol	2.5	2.8
Protein (urine)	0.2	0.7
Salicylates	0.6	1.5
SMAC** (17-19 test profile)	112.0	113.0
Tegretol	1.8	3.0
Total protein and albumin globulin ratio	5.2	5.8
Triglyceride	5.2	20.0
Urea	1.6	0.9
Uric acid	2.9	2.3
Valproic acid	1.1	1.2
Other	7.0	9.8

* Tests do not include standards, controls or repeats.

** Sequential Multiple Analyzer with Computer includes tests for Na⁺, K⁺, Cl⁻, CO₂, Urea, Creatinine, Uric Acid, Calcium, Inorganic Phosphorus, Total Protein, Albumin, Total bilirubin, Direct bilirubin, Alkaline phosphatase, AST(SGOT), ALT(SGPT), LDH, GGT, and Cholesterol.

13. Communications and Health Education Branch

Communications and Health Education Branch became an official part of Saskatchewan Health Feb. 1, 1985. It brought under its umbrella public information and health education programs and personnel from the Public Communications Unit, Health Promotion and the Library.

Objectives

The overall objectives of the branch are to:

Co-ordinate the many resources and processes within the department which have direct impact on communications and health education capabilities.

Integrate communications and health education closely with executive decision-making processes within the department.

Develop and maintain a close relationship with the Minister's office and the co-ordination unit within Executive Council.

Continually reassure and reinforce the positive aspects of the health system to the Saskatchewan public.

Develop an annual communication plan and strategies to carry out the plan.

Develop an annual health education plan.

Act as a liaison between the department and the media, the department and advertising consultants, and provide consultative services for branches dealing with these aspects of communications.

The branch is divided into the Information and Production Unit and the Education Unit.

Information and Production Unit

This unit is responsible for serving the information and production needs of the agencies and branches in the department. This involves a wide variety of services such as providing consultation in connection with annual communications plans and budgets, providing input into the design elements of specific campaigns, assisting with the writing and production of a wide assortment of print materials, writing speeches, news releases, radio and television spots, and liaising closely

with the agency of record on materials being produced by outside sources.

In addition, staff writers are responsible for preparing Contact, the employees' quarterly publication; the periodical newspaper column Saskatchewan Lifestyles, and the department's annual report.

This unit is also responsible for arranging and co-ordinating a wide variety of public functions related to the introduction and promotion of programs of health services.

Education and Resource Unit

This unit provides education and resource support to department programs and services as well as to other providers of health services. It has a leadership role for department-wide thrusts which cut across branch lines. The education and resource centre unit works closely with and supports other government departments and organizations which provide health information and education, such as the HITT Line, the Department of Education, and the Interagency Council on Smoking.

Health educators conducted two "Health is it" student conferences, one in Melfort and another in Prince Albert. To help those students who attended maintain an interest as student health representatives in their schools, staff of the conference published two different newsletters and provided copies to each student health representative and teacher advisor.

The branch continued the non-smoking program for school-age children. Student councils mounting non-smoking programs were given \$100 to help defray costs.

High schools in which all the students are non-smokers receive a non-smoking flag and commemorative plaque. High schools where no smoking is allowed in the school building or on the school grounds, where 90 per cent of the students are non-smokers, or where all the students in one grade are non-smokers receive a framed Certificate of Achievement.

Resource support has two main components: acquisition and maintenance of the department's lending library collection, as well as loan of audio-visual aids.

The new branch continues to provide Minister's Commendation Certificates for people who quit smoking.

A prototype non-smoking bylaw was developed. Advertising programs were provided on television stations throughout the province to encourage safe graduation functions through the sensible use of alcohol. Presentations were made to a variety of audiences on healthy lifestyle topics. Consultations were provided to health professionals and the general public.

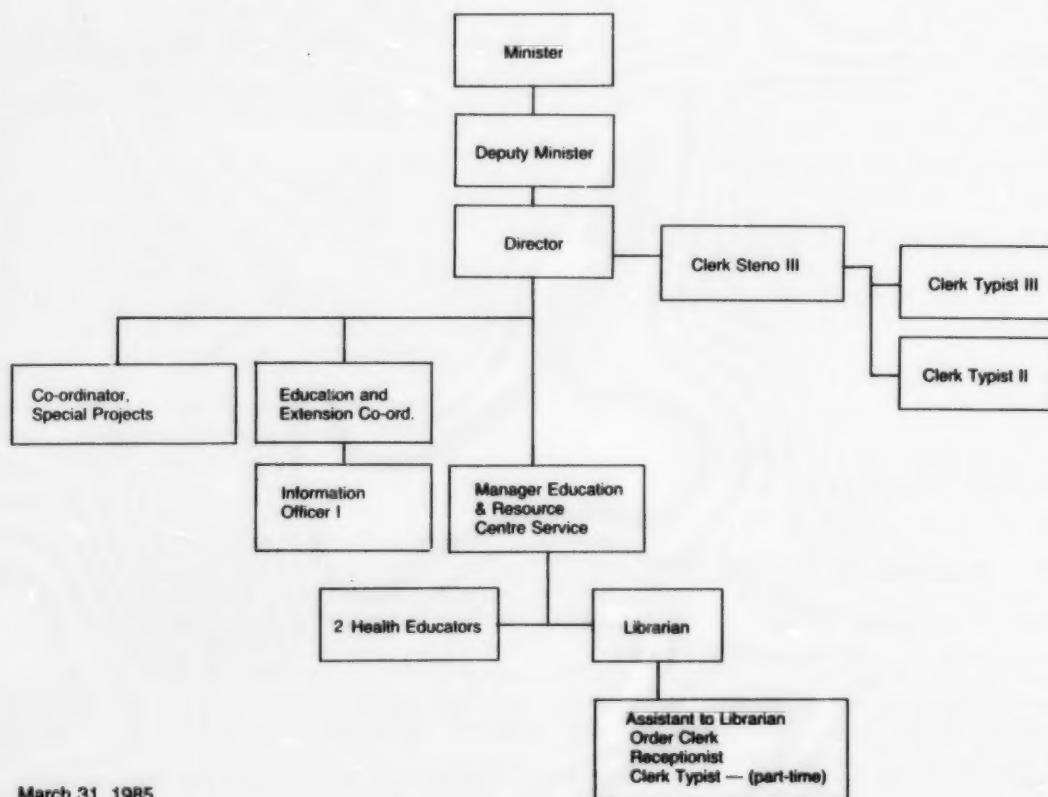
Since 1982, the committee has advised the Minister of Health concerning accident prevention. During 1985, International Youth Year, the committee adopted a distinctive logo and expanded its name to recognize its concern with youth issues.

In addition to advising the Minister, the committee promotes awareness of accidents as the leading cause of death among children and young adults. The Child and Youth Safety Award, conference displays, and speakers brought into the province have all served to publicize safety issues.

Saskatchewan Child and Youth Safety Committee

This committee is appointed by the Minister from representatives of the health professions, safety agencies, government departments, educators and the public. The committee is funded by Saskatchewan Health, and receives a grant from Squibb Canada, Inc.

Figure 9. Organization Chart Communications and Health Education Branch



14. Central Services

Policy Research and Management Services Branch

Objectives

- To provide support and secretariat services to the Deputy Minister's office;
- To develop health policy in areas of priority to the Minister of Health;
- To take a lead role in the co-ordination of new initiatives within the department;
- To research, design and assist in the development of new health programs;
- To evaluate existing health programs in order to suggest policy, program and cost/benefit improvements;
- To work with the department solicitor and concerned branches in the development and co-ordination of health legislation, and work with health professional associations and other public interest groups on matters involving health manpower legislation;
- To monitor supply and demand for health manpower groups and work with employers and other government departments in ensuring the availability of appropriate training in health occupations;
- To co-ordinate the policy, positions and activities which surround federal/provincial and inter-provincial committees and conferences in the health field.

Health Library

Objective —

To maintain extensive central holdings and to act as a single ordering agency for all agencies in the Department of Health. Services of the Health Library are available by telephone, mail or personal visit, to all personnel of the department as well as students and non-departmental

individuals who provide health services through voluntary, private or related agencies. The library provides reference and information services, inter-library loans and reading room facilities. (Effective April 1, 1985 the Health Library became part of the new Communications and Health Education Branch.)

Payment Negotiation Unit

Objective —

To co-ordinate and consolidate negotiation and labor relations activity formerly undertaken by the Deputy Minister's office, the Saskatchewan Hospital Services Plan and the Department of Social Services.

The Payment Negotiation Unit acts as observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes, and the various unions representing employees in hospitals, special-care homes and central laundries.

The Payment Negotiation Unit provides the chief government negotiator in negotiations with the

various professional and business organizations which contract with the government for the provision of health services. Other negotiating committee members are drawn from the program agencies involved.

The work of the unit keeps department officials aware of the budget implications of impending settlements and facilitates funding decisions in the health care field. The Payment Negotiation Unit serves as a liaison between the funding agencies and the various bargaining unit representatives. The unit also acts as a resource to department staff on labor relations matters which arise during the term of any contract.

Public Communications Unit

Objective

To co-ordinate communications planning and activities in Saskatchewan Health by:

- providing advice on communications priorities and objectives for the department;
- assisting branches and agencies in developing and implementing communication projects;

- providing liaison with central government communications agencies;
- acting as the primary contact with suppliers of communications services (e.g. printers, artists, advertising agencies); and
- preparing media releases and similar printed material.

(Effective Feb. 1, 1985 the unit became part of the new Communications and Health Education Branch.)

Administrative Services Branch

Objective —

To provide overall administrative services for the department by ensuring maximum quality service at minimum cost through:

- budgeting;
- accounting;
- procurement and stockroom services;

- co-ordination and control of Central Vehicle Agency vehicles;
- co-ordination of space requirements;
- central mail sorting and distribution services for Health branches and agencies;
- recoveries from the federal government under such programs as the Canada Assistance Plan and Vocational Rehabilitation of Disabled Persons.

Personnel and Training Branch

Objective —

To provide centralized personnel services for the department (excluding the Alcoholism Commission and the Medical Care Insurance Commission) through:

- maintenance of personnel files, participation in staffing and classification processes, administration and interpretation of collective bargaining agreements, career counselling, and advice to branches and agencies on labor relations matters;

- provision of in-service training courses for employees and co-ordination of employee participation in courses sponsored by the Public Service Commission;
- administration of department involvement in the public service educational leave program;
- administration of the department bursary program for students in selected health disciplines which are in short supply; and
- administration of the Medical Practice Establishment Grant program.

15. Training of Health Personnel

Bursary Program

Objective —

To assist students training in selected health professions in which a scarcity of qualified personnel exists.

The program is financed through funds received from the Student Assistance and Student Aid Fund of the Department of Advanced Education and Manpower. These funds are in turn awarded by Saskatchewan Health and the program is administered by the Personnel Branch.

The bursary program is open to the general public and employees of this department. The types of training for which bursaries are provided are advertised in all provincial daily newspapers. Applications are then screened and all applicants eligible for the bursary program are interviewed by a Bursary Selection Committee. In return for financial assistance, bursary recipients agree to work for a stipulated time for Saskatchewan Health, or in a position within the province approved by the Minister of Health. The following table illustrates the amount of service commitment completed by graduates of the bursary program:

Total graduates (1960-1985)	1,565	100%
Service completed	989	63.2
Currently serving	93	5.94
Partial service	247	15.78
No service	230	14.7
Service deferments	6	0.38

Between 1960 and 1985, a total of 1,565 bursary recipients graduated. Of this total, 1,088 (69.52 per cent) have served their commitment, are currently serving their commitment, or have had their commitment deferred. A further 247 (15.78 per cent) provided partial service and repaid some cash. Only 230 (14.77 per cent) have provided no service.

With the exception of public health nurses, bursary recipients are required to provide two years of service for the first year of assistance and one year of service for each subsequent year of assistance. Public health nurses provide one year of service for each year of assistance. Recipients who default on their service commitment must repay monies awarded plus interest.

Bursary recipients are awarded funds for tuition fees, a textbook allowance, travel to and from the location of training (once), plus a monthly living allowance.

Table 46. Bursary Students, Saskatchewan, 1983-84 and 1984-85

Area of study	Students continuing		New students	
	1982-83	1983-84	1982-83	1983-84
Total	60	56	26	31
Clinical psychology	3	3	1	0
Dentistry: Undergraduate*	—	—	—	—
Postgraduate	6	7	3	1
Hospital administration	—	1	1	—
Medical social work	2	—	—	1
Nuclear medicine technology	4	3	2	1
Nursing: Public health	5	3	3	2
Postgraduate	—	1	1	1
Occupational therapy	9	9	4	7
Orthoptics	1	2	1	0
Physical therapy	14	15	6	5
Postgraduate	—	—	—	2
Prosthetics and orthotics	3	3	0	2
Public health inspection	6	4	1	3
Respiratory technology	0	1	1	1
Speech pathology and audiology	7	4	2	1
Chiropody	—	—	—	2
Interior Design: Postgraduate	—	—	—	1

* Effective April 1, 1979, financial assistance for undergraduate dental students is available exclusively through Saskatchewan Advanced Education and Manpower, Student Aid program.

Dental Specialists

In 1966, the department introduced a bursary program to provide financial assistance to graduate dentists pursuing specialized areas of study. This program is designed to encourage dentists to study specialties which are in short supply and to return to the province upon completion of their training.

Assistance consists of the payment of registration and tuition fees, plus a monthly living allowance. A service commitment is required upon completion of training.

During the period 1966 to March 31, 1985, a total of 48 dentists received assistance under this program. Forty-three have graduated; four are currently studying; and one has discontinued studies and has repaid all funds.

Total graduates	43
Service completed	16*
Currently serving	10
Partial service	1
No service	16
Service deferments	—

* Eleven of the 16 dentists who completed their service commitment are still practising in the province.

The specialties of the 11 dentists still practising in the province are as follows:

Total	11
Dental oral surgery	2
Orthodontics	5
Paedodontics	1
Periodontics	3

The 10 additional dentists currently serving their commitment have specialized in prosthodontics, orthodontics, oral and maxillofacial surgery, endodontics, periodontics, and oral medicine.

Dental Establishment Grants

Objective —

To encourage dentists to establish a first-time practice in a Saskatchewan community, other than Regina and Saskatoon. The need for this program has diminished since its inception and consequently there have not been any new grants approved since 1982-83. However, payments in the amount of \$1,000 continue to be made on a quarterly basis to dentists who were awarded grants prior to 1983-84, who are still in practice and who have not received the full amount of their grant. As of March 31, 1985, there were 9 of these dentists practising in Lanigan; Estevan (3);

Meadow Lake; Esterhazy; Hudson Bay; Biggar; and Spiritwood.

In-Service Training

Objectives —

To improve the efficiency and economy of operations by developing a well trained staff; and to assist employees in achieving their highest potential.

The department offers an "Introduction to Supervision" course followed by a management development program based upon courses produced by the American Management Association. Since the inception of this program in January 1968, 3,479 personnel have participated. The department has also sponsored a pre-retirement program for employees and their spouses to assist them in their retirement planning.

To assist new employees to become acquainted with key persons and to familiarize themselves with the major Saskatchewan Health programs, an orientation conference is held periodically. The conferences feature presentations by branch heads and other senior executives. The orientation conferences conducted in 1984-85 were attended by a total of 41 employees.

During the year, a Consumer Relations course was developed for employees of Saskatchewan Health. A pilot course was held in January involving 22 staff. It is anticipated that this program will be offered to a much larger number of Saskatchewan Health employees during the next fiscal year.

Special training presentations are made in response to requests both from within and outside the department. Personnel from non-government health agencies share in these programs.

Department employees also participated in various training courses offered by the Saskatchewan Public Service Commission including an Education Leave Assistance program. The primary objective of this program is to provide a limited number of employees with an opportunity to upgrade their qualifications and enhance their level of service to the department.

16. Saskatchewan Vital Statistics

Objective —

To maintain and operate a province-wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Vital Statistics Division provides a variety of services to Saskatchewan residents, including searching of vital records and issuing of certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the Province. However, the costs for specific services requested by individuals are paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates.

The Division of Vital Statistics works closely with approximately 800 registrars throughout the province in the collection of vital data. Municipal secretaries and town and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the division office in Regina. The Division of Vital Statistics also receives registrations of marriages from clergy and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

Legislation

The Division of Vital Statistics is responsible for administering:

The Vital Statistics Act

which provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration, certificates confirming the registration may be obtained from the Division of

Vital Statistics by applying in the prescribed form and paying the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

Table 47. Vital Statistics, Saskatchewan, 1982 to 1984

Item	1982	1983	1984*
Population (1,000's)	979	993	1,006
Live births	17,722	17,847†	18,090
Rate‡	18.1	18.0†	18.0
Deaths	8,202	7,611†	7,712
Rate‡	8.4	7.7	7.7
Natural increase	9,520	10,236†	10,378
Rate‡	9.7	10.3	10.3
Infant deaths	186	180†	168
Rate**	10.5	10.1	9.3
Stillbirths (28+ weeks gestation)	103	98†	86
Rate***	5.8	5.5†	4.8
Perinatal deaths (28+ weeks gestation)	195	188†	174
Rate***	10.9	10.5†	9.6
Marriages	7,491	7,504	7,213
Rate‡	7.6	7.6	7.2
Divorces and annulments	1,815†	2,000†	1,968

* Preliminary figures.

† Revised figures.

‡ Rate per 1,000 population.

** Rate per 1,000 live births.

*** Rate per 1,000 total births.

The Change of Name Act

which provides residents of Saskatchewan 18 years of age and older with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Division of Vital Statistics and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name, and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

Highlights and Trends

Population Trends

The population in Saskatchewan continues to increase following a period of decline in the years 1973 and 1974. From the low of 899,700 in 1974, the population has increased significantly to 1,006,200 in 1984.

Death Rate and Causes of Death

The 1984 death rate of 7.7 per 1,000 population remains the same as the 1983 rate.

Heart disease and malignant neoplasms (cancer) were the leading causes of death in 1983 and 1984. The rates per 100,000 population for heart disease and malignant neoplasms in 1984 were 255.0 and 167.2 respectively.

Birth Rate

The birth rate of 18.0 was the same as that experienced in 1983.

Marriage Rate

The marriage rate in 1984 of 7.2 per 1,000 population decreased slightly from the 1983 rate of 7.6.

Divorces and Annulments

In 1984 a total of 1,968 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1984 since some petitions are not yet finalized.



Appendix: Summary of Legislation

Two revised acts governing health professions were given Royal Assent on June 1, 1984. The two acts were The Physical Therapists Act (1984), which was proclaimed March 22, 1985, and The Medical Radiation Technologists Act (replacing The X-Ray Technicians Act), which was not proclaimed in this fiscal year.

In both cases, the purpose of the revisions was to bring the statutes up-to-date in terms of developments within the professions and also to introduce several standard features which have

Acts Administered by Saskatchewan Health

The following is a list of Acts which the Department is directly responsible for administering:

The Abandoned Refrigerator Act
The Anatomy Act
The Change of Name Act
The Dental Care Act
The Department of Health Act
The Health Services Act
The Hearing Aid Act
The Hospital Revenue Act
The Hospital Standards Act
The Housing and Special-care Homes Act
The Medical and Hospitalization Tax Repeal Act
The Mental Health Act
The Mutual Medical and Hospital Benefit Associations Act
The Prescription Drugs Act
The Public Health Act
The Saskatchewan Health Insurance Act
The Saskatchewan Hospitalization Act
The Union Hospital Act
The Venereal Disease Prevention Act
The Vital Statistics Act

been incorporated in all health disciplines legislation in recent years.

On Dec. 19, 1984 an amendment to The Public Health Act was given Royal Assent and came into force. Two specific changes were involved.

The first clarified that the offence and penalty provisions apply to violations of the regulations as well as of the act. The second increased the penalties themselves, which over time had become unrealistically low.

Acts in Which Saskatchewan Health has a Direct Interest

The Alcoholism Commission of Saskatchewan Act
The Cancer Foundation Act
The Chiropody Profession Act
The Chiropractic Act
The Community Health Unit Act
The Dental Profession Act, 1978
The Dental Technicians Act
The Dental Therapists Act
The Denturists Act
The Emergency Medical Aid Act
The Health Research Act
The Human Tissue Gift Act
The Lloydminster Hospital Act, 1948
The Medical Care Insurance Supplementary Provisions Act
The Medical Profession Act, 1981
The Medical Scholarships and Bursaries Act
The Naturopathy Act
The Ophthalmic Dispensers Act
The Optometry Act
The Osteopathic Practice Act
The Pharmacy Act
The Physical Therapists Act, 1984
The Professional Dietitians Act
The Psychiatric Nurses Act
The Registered Nurses Act, 1978
The Registered Occupational Therapists Act
The Registered Psychologists Act
The Saskatchewan Embalmers Act
The Saskatchewan Medical Care Insurance Act
The South Saskatchewan Hospital Centre Act
The Tuberculosis Sanatoria and Hospitals Act
The University Hospital Act
The White Cane Act
The X-Ray Technicians Act